

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

[Date]
[IHSS Office Name]
[Office Address]
[City, State, Zip Code]

Dear [IHSS Caseworker's Name or IHSS Office],

Subject: IHSS Reimbursement Request

I hope this letter finds you well. I am writing to formally request reimbursement for [specific services or expenses] incurred while providing in-home supportive services to [Recipient's Name] during the period of [dates of service].

Attached to this letter are the necessary documents, including [list any attached receipts, timesheets, or supporting documents].

I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]