

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

[Recipient Name]  
[Recipient Title]  
[Agency/Organization Name]  
[Agency Address]  
[City, State, Zip Code]

Subject: IHSS Benefits Payment Request

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally request payment for IHSS benefits for the period of [start date] to [end date].

I have provided the necessary details below:

- **\*\*Recipient Name\*\***: [Name of the person receiving services]
- **\*\*Recipient Number\*\***: [Recipient's IHSS number]
- **\*\*Provider Name\*\***: [Your name]
- **\*\*Provider Number\*\***: [Your IHSS provider number]
- **\*\*Payment Period\*\***: [Specify the dates]
- **\*\*Total Hours Worked\*\***: [Total hours worked during the period]
- **\*\*Payment Amount Requested\*\***: [Total payment requested]

Enclosed are the supporting documents for your reference, including time sheets, service records, and any other relevant information.

I appreciate your prompt attention to this matter and look forward to your response. Please feel free to contact me at [your phone number] or [your email address] should you require any further information.

Thank you for your support.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]