

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient Name]
[Recipient Title]
[Department/Organization Name]
[Address]
[City, State, Zip Code]
Subject: IHSS Claim for [Client's Name or Case Number]

Dear [Recipient Name],
I hope this letter finds you well. I am writing to formally submit a claim for In-Home Supportive Services (IHSS) for [Client's Name], who resides at [Client's Address].

1. ****Claimant Information****

- ****Name:**** [Client's Name]
- ****Date of Birth:**** [Client's Date of Birth]
- ****Case Number:**** [IHSS Case Number]
- ****Social Security Number:**** [Client's SSN]

2. ****Service Provider Information****

- ****Name:**** [Your Name]
- ****Relationship to Client:**** [Your Relationship]
- ****Phone Number:**** [Your Phone Number]

3. ****Service Details****

- ****Date(s) of Service:**** [List of Dates]
- ****Hours Worked:**** [Total Hours]
- ****Description of Services Provided:****
- [Detail specific services rendered, e.g., personal care, meal preparation, etc.]

4. ****Supporting Documentation****

Enclosed with this letter, you will find the following documentation to support my claim:

- [List documentation, e.g., timesheets, invoices, etc.]

5. ****Additional Information****

[Any additional information relevant to the claim, e.g., changes in client's condition, etc.]

I request timely processing of this claim and appreciate your assistance in this matter. Please do not hesitate to contact me at [Your Phone Number] or [Your Email Address] if you require any additional information.

Thank you for your attention to this important matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]