

[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]