

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

[IHSS Office Name]
[IHSS Office Address]
[City, State, ZIP Code]

Subject: Request for Equipment Reimbursement

Dear [IHSS Office or Specific Person's Name],

I am writing to formally request reimbursement for equipment purchased for [care recipient's name], who is under my care and enrolled in the In-Home Supportive Services (IHSS) program.

Details of the purchase are as follows:

- ****Equipment Description****: [e.g., Wheelchair, hospital bed, etc.]
- ****Purchase Date****: [Date of Purchase]
- ****Cost****: \$[Amount]
- ****Vendor/Store****: [Name of the store or vendor where the equipment was purchased]
- ****Attached Documents****: [List of attached receipts and any other relevant documents]

This equipment is essential for providing adequate care and support for [care recipient's name]. As per the IHSS guidelines, I believe I am eligible for reimbursement for this purchase.

Please let me know if you require any additional information or documentation to process my request. I appreciate your prompt attention to this matter.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Typed Name]

[Your IHSS Provider Number (if applicable)]