

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

[IHSS Office Address or Recipient's Name]  
[City, State, ZIP Code]

Subject: IHSS Claim for Family Member

Dear [Recipient's Name or "IHSS Office"],

I am writing to submit a claim for In-Home Supportive Services (IHSS) for my [relationship, e.g., "mother," "father," "sister"], [Family Member's Name], who requires assistance due to [description of condition or reason for assistance].

Details of the Claim:

- \*\*Family Member's Name:\*\* [Full Name]
- \*\*Date of Birth:\*\* [DOB]
- \*\*IHSS Case Number:\*\* [Case Number if applicable]
- \*\*Services Requested:\*\* [List specific services needed, e.g., personal care, meal preparation, etc.]
- \*\*Duration of Services:\*\* [Indicate frequency, e.g., daily, weekly]

I have attached the necessary documentation to support this claim, including [mention any relevant documents such as medical records, assessments, or previous claims].

Please let me know if you require any further information or additional documentation to process this claim.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature if sending a hard copy]

Attachments: [List of attached documents]