

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

[Agency Name]
[Agency Address]
[City, State, Zip Code]

Subject: IHSS Claim Submission

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to submit my claim for In-Home Supportive Services (IHSS) in accordance with the guidelines set forth by [Agency Name].

1. ****Applicant Information****

- Name: [Your Full Name]
- Case Number: [Your Case Number]
- Date of Birth: [Your Date of Birth]

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

- Name: [Provider's Full Name]
- Relationship to Applicant: [Relationship]
- Date of Services: [Dates of Service]

3. ****Claim Details****

- Description of Services Provided: [Brief Description]
- Total Hours Worked: [Total Hours]
- Rate per Hour: [Hourly Rate]
- Total Amount Claimed: [Total Amount]

4. ****Attached Documentation****

- [List any documents you have attached, such as time sheets, service logs, etc.]

Please feel free to contact me at the provided phone number or email if there are any questions or further information needed to process my claim. Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]