

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

[Recipient's Name]
[Agency/Organization 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 formally submit a claim for payment under the In-Home Supportive Services (IHSS) program for the care services I have provided to [Recipient's Name or Client's Name] during the period of [Start Date] to [End Date].

Details of Care Provided:

- Care Recipient: [Full Name]
- IHSS Case Number: [Case Number]
- Total Hours Worked: [Number of Hours]
- Specific Services Provided: [List of services, e.g., personal care, meal preparation, etc.]

Attached to this letter are the timesheets and any additional documentation required to support this claim. Please let me know if you need further information or documentation to process this request.

I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]