

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

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

Dear [Recipient Name],

Subject: IHSS Claim for [Your Name/Recipient's Name]

I am writing to formally submit a claim for In-Home Supportive Services (IHSS) for [Recipient's Name], who is in need of assistance due to [brief description of the medical condition or incapacity].

The details of the claim are as follows:

- \*\*Claimant Name:\*\* [Recipient's Name]
- \*\*Claimant's Date of Birth:\*\* [Date of Birth]
- \*\*Claimant's Social Security Number:\*\* [Social Security Number]
- \*\*Emergency Contact:\*\* [Name and Phone Number]
- \*\*Duration of Care Required:\*\* [Start Date] to [End Date or Ongoing]
- \*\*Type of Services Requested:\*\* [e.g., personal care services, meal preparation, medication management]

Enclosed are the following documents as required for processing this claim:

1. [Medical Assessment or Doctor's Note]
2. [Proof of Residence]
3. [Any Other Relevant Documentation]

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