

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

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

Subject: IHSS Claim for Services

Dear [Agency Contact Name or Title],

I am writing to formally submit my claim for In-Home Supportive Services (IHSS) for the period of [start date] to [end date].

I am a caregiver for [Recipient's Name], who is eligible for IHSS due to [brief explanation of the recipient's condition]. My services have included the following:

- Personal care
- Meal preparation
- Housekeeping
- Errands and transportation

Please find attached the required documentation, including:

1. Completed IHSS timesheets
2. Verification of services provided
3. [Any additional documents, if applicable]

I appreciate your attention to this matter and look forward to your prompt processing of my claim. If you require any further information or clarification, please do not hesitate to contact me at the phone number or email address provided above.

Thank you for your assistance.

Sincerely,

[Your Name]

[Your Signature, if sending a hard copy]