

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

[Recipient Name]
[Agency/Organization Name]
[Address]

[City, State, Zip Code]

Subject: IHSS Claim Notification

Dear [Recipient Name],

I hope this letter finds you well.

I am writing to formally notify you of my claim regarding the In-Home Supportive Services (IHSS) provided to [Recipient's Name or Relation] under my care. This notification serves to affirm my understanding of the services rendered and to initiate the claims process as per the guidelines set forth by IHSS.

Claim Details:

- Claimant Name: [Recipient's Name]
- IHSS Provider Name: [Your Name]
- Service Dates: [Start Date] to [End Date]
- Hours Worked: [Total Hours]
- Service Type: [Type of Services Provided]

Attached to this letter are the necessary documents to support my claim, including timesheets and service logs.

Please acknowledge receipt of this claim and inform me if any additional information or documentation is required. I appreciate your assistance in processing this matter promptly.

Thank you for your attention to this claim.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title/Relationship to Recipient]

Attachments: [List any attached documents]