

[Your Name]  
[Your Address]  
[City, State, ZIP Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Recipient Title]  
[Institution/Organization Name]  
[Address]  
[City, State, ZIP Code]

Subject: IHSS Claim Submission

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally submit my claim for In-Home Supportive Services (IHSS) under case number [Your Case Number].

Below are the details of my claim:

**\*\*Claimant Information:\*\***

- Name: [Your Full Name]
- Address: [Your Address]
- Phone Number: [Your Phone Number]
- Date of Birth: [Your Date of Birth]

**\*\*Provider Information:\*\***

- Name: [Provider's Full Name]
- Hours Worked: [Total Hours]
- Service Dates: [Start Date] to [End Date]

**\*\*Claim Details:\*\***

- Types of Services Provided: [List services provided]
- Total Amount Claimed: [Total Amount]

Enclosed with this letter are all the required documents supporting my claim, including [list any attachments, such as time sheets, invoices, etc.].

I would appreciate your attention to this matter and look forward to your prompt response. Should you need any additional information or documentation, please do not hesitate to contact me.

Thank you for your assistance.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]