

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

[Department Name]
[Office Address]
[City, State, Zip Code]

Subject: Attendance Allowance Appeal

Dear [Recipient's Name or "To Whom It May Concern"],

I am writing to formally appeal the decision regarding my attendance allowance application dated [insert date of application]. My claim reference number is [insert reference number].

I believe my application was reviewed without adequate consideration of [briefly explain key points or reasons why your application is justified--such as your care needs and any supporting evidence].

In support of my appeal, I have included the following documentation:

- [List relevant documents, such as medical reports, care assessments, etc.]

I respectfully request that you review my case again, taking into account the information and evidence provided. I am confident that a re-evaluation will support my eligibility for the attendance allowance.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]