

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

[Recipient Name]
[Department/Organization Name]
[Address]
[City, State, Zip Code]

Subject: Appeal for [Specific HHS Application]

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally appeal the decision regarding my application for [specific program/service] submitted on [submission date].

[Paragraph 1: Briefly explain the decision you are appealing and provide any relevant details about your application.]

[Paragraph 2: State the reasons you believe the decision should be reconsidered. Include any supporting evidence or documentation that strengthens your case.]

[Paragraph 3: Describe any extenuating circumstances or additional information that was not included in your original application.]

I kindly request a review of my application based on the information provided above. I firmly believe that my case warrants your reconsideration.

Thank you for your time and consideration. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]