

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

[IHSS Office Name]
[Office Address]
[City, State, ZIP Code]

Subject: Appeal for IHSS Denial - [Your Case Number]

Dear [IHSS Office/Case Manager's Name],

I am writing to formally appeal the denial of my In-Home Supportive Services (IHSS) application dated [date of denial letter]. I believe that the decision to deny my application was made in error and would like to provide additional information for reconsideration.

[Explain your situation and the reasons why you believe you qualify for IHSS. Mention any relevant medical conditions, financial hardships, or specific needs that require support. Use clear and concise language.]

Please find attached [any supporting documentation, such as medical records, financial statements, or letters from healthcare providers] that further illustrate my eligibility for the IHSS program.

I kindly request a review of my application and the attached documents. I appreciate your attention to this matter and hope for a favorable reconsideration.

Thank you for your time and assistance. Please feel free to contact me at [your phone number] or [your email address] if you need any additional information.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Case Number]