

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

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

Subject: Appeal for IHSS Service Denial

Dear [IHSS Office Contact/Name],

I am writing to formally appeal the decision regarding my In-Home Supportive Services (IHSS) application, which was denied on [date of denial]. My Case Number is [Case Number].

[Briefly explain the reason for the appeal and your circumstances, including relevant details about your situation and why you believe the decision should be reconsidered.]

I have attached [any relevant documents, medical records, or supporting evidence] that support my case. I kindly request that you review my appeal thoroughly and consider my eligibility for IHSS services.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]