

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

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

Subject: Appeal for IHSS Reimbursement Denial

Dear [Recipient's Name or "IHSS Appeals Department"],

I am writing to formally appeal the denial of reimbursement for the services provided under the In-Home Supportive Services (IHSS) program, as communicated to me in your letter dated [Date of Denial Letter].

Details of the Denial:

- Case Number: [Your Case Number]
- Date of Service: [Date(s) of Service]
- Reason for Denial: [Specific Reason(s) Listed in Denial Letter]

I believe the denial was made in error due to the following reasons:

- [Clearly explain the reasons why you believe the denial is incorrect, including any relevant details or documentation that supports your case.]
- [Include any additional information or circumstances that might have been overlooked in the initial review.]

I have attached copies of supporting documents that further substantiate my appeal, including [list of attachments, e.g., receipts, invoices, medical records, etc.].

I kindly request a re-evaluation of my case and hope to receive the reimbursement due to me. Please let me know if further information is needed to assist in the review process.

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]

[Your Case Worker's Name (if applicable)]