

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

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

Subject: IHSS Application Appeal

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally appeal the decision regarding my In-Home Supportive Services (IHSS) application, which was denied on [date of denial]. I believe that this decision does not accurately reflect my circumstances and the assistance I require.

[Provide a brief summary of your situation and the reasons for your appeal. Include any relevant medical conditions, documentation, or changes in circumstances that support your case.]

In support of my appeal, I have included [list any supporting documents, such as medical records, letters from healthcare providers, etc.]. I respectfully request that you review my case in light of this new information.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]