

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

[Name of the Agency]
[Address of the Agency]
[City, State, ZIP Code]

Subject: Appeal for IHSS Benefits Rejection

Dear [Agency Official's Name or "To Whom It May Concern"],

I am writing to formally appeal the decision made on [date of rejection notice] regarding my application for In-Home Supportive Services (IHSS) benefits, which was denied based on [briefly state reason for denial].

I believe that the decision does not accurately reflect my situation.

[Explain your circumstances, detailing why you believe you qualify for the benefits and any additional information that supports your appeal.]

Attached to this letter, you will find [list any supporting documents, such as medical records, affidavits, or other forms that can support your claim].

I respectfully request that you reconsider my application and the accompanying documentation. I am hopeful for a favorable resolution and look forward to your prompt reply.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]