

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

[Recipient's Name]
[Department Name]
[Agency Name]
[Agency Address]

[City, State, ZIP Code]

Subject: Denial of IHSS Benefits

Dear [Recipient's Name],

I am writing to formally contest the denial of my In-Home Supportive Services (IHSS) benefits as stated in your letter dated [Date of Denial Letter].

I believe the decision to deny my application is based on [briefly state the reason for denial as mentioned in the letter]. I want to provide additional information/evidence that supports my eligibility for these benefits.

[Explain your situation, providing details and attaching any relevant documents that support your case.]

I kindly request that you review my case again, taking into account the new information provided. I believe this will clarify my need for assistance and the appropriateness of my IHSS benefits.

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)]