

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

[Recipient's Name]
[Department of Social Services/Relevant Agency]
[Agency Address]
[City, State, Zip Code]

Subject: Request for Reconsideration of IHSS Benefits

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request a reconsideration of my In-Home Supportive Services (IHSS) benefits determination, which I received on [date of notification].

[Briefly explain the reasons for your initial application and the basis for your request for reconsideration. Include any new information or changes in circumstances that support your case.]

I believe that a reevaluation of my application is warranted due to [specific reasons]. Attached are additional documents that support my request for reconsideration.

I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

Enclosures: [List any attached documents]