

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Agency Name]
[Agency Address]
[City, State, Zip Code]

Subject: Appeal for IHSS Benefits Determination

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my In-Home Supportive Services (IHSS) benefits application, dated [date of decision]. I respectfully request a review of my case under the following circumstances:

1. ****Summary of Initial Decision:****

[Briefly explain the decision made by the agency, including any relevant details such as the date and specifics of the denial or reduction of benefits.]

2. ****Reasons for Appeal:****

[Provide a clear and concise explanation of why you believe the decision is incorrect. Include any additional information, medical documents, or evidence that supports your position.]

3. ****Supporting Evidence:****

[List any additional documentation you are including to support your appeal, such as medical records, assessments, or letters from healthcare providers.]

4. ****Requested Outcome:****

I kindly request that my benefits be reinstated or increased, as I believe that my situation meets the eligibility criteria for IHSS services based on the evidence provided.

Thank you for your attention to this matter. I look forward to your prompt response regarding my appeal. Please feel free to contact me at [your phone number] or [your email address] if further information is required.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]