

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

[Recipient's Name]
[Recipient's Title]
[Agency Name]
[Agency Address]
[City, State, Zip Code]

Subject: Appeal for IHSS Waiver Denial

Dear [Recipient's Name],

I am writing to formally appeal the decision regarding my IHSS waiver application dated [insert date of application]. My application was denied on [insert date of denial] due to [briefly state the reason for denial]. I believe this decision is incorrect because [insert reasons your case merits approval, including any relevant details or supporting evidence]. I have attached supporting documents that substantiate my conditions and the need for IHSS services.

I kindly request a review of my case and look forward to your prompt response. Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Case Number (if applicable)]

Attachments: [List any documents you are including]