

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

[IHSS Office Address]  
[City, State, Zip Code]

Subject: Appeal for IHSS Waiver Denial

Dear [Recipient's Name or "IHSS Application Review Team"],

I hope this letter finds you well. I am writing to formally appeal the denial of my IHSS (In-Home Supportive Services) waiver application dated [insert date of denial]. My application was denied based on [briefly state the reason for denial].

I respectfully contest this decision, as I believe that [provide a concise explanation of why you believe the denial was incorrect. Include any relevant facts, circumstances, and supporting information that can strengthen your case].

Furthermore, I have attached the following documents to support my appeal:

1. [Document 1: description]
2. [Document 2: description]
3. [Document 3: description]

I kindly request a reconsideration of my application based on the information provided. If there are additional steps I need to take or further information required from my side, please let me know at your earliest convenience.

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)]