

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Recipient Title]  
[Department/Agency Name]  
[Address]  
[City, State, Zip Code]

Subject: Appeal for IHSS Payment Decision

Dear [Recipient Name],

I hope this letter finds you well. I am writing to formally appeal the recent decision regarding my In-Home Supportive Services (IHSS) payment, reference number [Insert Reference Number].

On [Date of Decision], I received a notice stating that [briefly explain the decision and your understanding of it]. I believe this decision requires reconsideration due to [briefly explain your reasons for appealing, citing any relevant facts or documentation].

Enclosed are copies of [list any attached documents that support your appeal, e.g., pay stubs, medical records, etc.].

I kindly request a review of my case and hope for a favorable resolution.

I am available for any further information needed and welcome the opportunity to discuss this matter further.

Thank you for your attention to this important issue. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]