

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

[Agency Name]
[Agency Address]
[City, State, ZIP Code]

Subject: NVDA Eligibility Appeal

Dear [Agency Contact/Specific Name if known],

I am writing to formally appeal the decision regarding my eligibility for [specific benefit or program] under the NVDA guidelines, as communicated in your letter dated [insert date of the decision letter].

I believe that my application deserves reconsideration based on the following grounds:

1. **[Specific Reason 1]**: Clearly explain the reason and provide any supporting evidence or documentation.
2. **[Specific Reason 2]**: Describe another reason for your appeal, along with any relevant details or documents.
3. **[Specific Reason 3]**: Add any additional supporting information that strengthens your case.

I have attached the necessary documents to support my appeal, including [list any attached documents such as medical records, financial statements, etc.].

I kindly request an opportunity for a hearing where I can present my case in detail. Thank you for considering my appeal. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your NVDA Case Number if applicable]