

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

[Recipient Name]
[Department Name]
[Office Address]
[City, State, Zip Code]

Subject: Appeal for IHSS Services Denial

Dear [Recipient Name],

I am writing to formally appeal the recent decision regarding my In-Home Supportive Services (IHSS) application, which was denied on [date of denial]. My case number is [case number].

[Briefly explain the reason for denial as stated in the notification received. Include any relevant details that support your case.]

I believe that my situation qualifies for IHSS services based on [mention any specific needs, circumstances, or regulations that apply]. I have included supporting documents to substantiate my appeal, including [list any attachments, such as medical records or personal statements].

I kindly request a reconsideration of my application and look forward to the opportunity to discuss my qualifications for IHSS services further.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]

Attachments: [List of documents included]