

Letter of Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to formally appeal for my participation in the [Name of Addiction Recovery Program] scheduled to begin on [Start Date]. I understand that [briefly state the reason for the initial denial if applicable] and wish to respectfully present my case for reconsideration.

Over the past [duration], I have realized the profound impact that addiction has had on my life as well as those around me. I am fully committed to pursuing recovery and believe that the [Name of Program] is the best fit for my needs due to [reasons why the program is suitable for you].

Since [mention any positive steps you have taken, such as attending support groups, therapy sessions, etc.], I have made significant progress and am more determined than ever to change my life. I am eager to learn from the expert guidance that your program provides and work alongside others who share similar struggles.

I kindly ask you to reconsider my application and grant me the opportunity to participate in this transformative program. Thank you for your time and understanding. I look forward to your positive response.

Sincerely,

[Your Name]