

Healthcare Support Appeal

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Social Service Agency's Name]

[Agency's Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally appeal for healthcare support on behalf of [Patient's Name], who is currently facing significant health challenges. [Briefly state the medical condition and its impact on the patient's life].

As [describe your relationship to the patient], I have witnessed firsthand the difficulties they encounter in accessing necessary medical treatment and support services. Despite our best efforts to provide care, [explain any limitations and the need for assistance].

Our family has explored various options, yet we find ourselves overwhelmed by the financial burden that medical care entails. [Mention any relevant financial details, if applicable].

We kindly request your agency to reconsider the application for healthcare support based on [specific reasons or documentation]. [Highlight any previous communications or applications submitted].

Your assistance would greatly alleviate the hardships faced by [Patient's Name] and enable them to receive the appropriate care they so desperately need. Thank you for taking the time to review our appeal. We hope for a favorable response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]