

# Letter of Appeal for Mental Health and Substance Abuse Assistance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Organization's Name]

[Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal for assistance regarding my mental health and substance abuse challenges. Over the past [duration], I have been experiencing significant difficulties that have affected my daily life and overall well-being.

Despite my efforts to seek help through [describe previous attempts, e.g., therapy, support groups], I find myself in need of additional support to manage my condition effectively. I believe that your program can provide the necessary resources and assistance to help me on my journey to recovery.

I kindly request that you consider my appeal for support. I am eager to work with your team to develop a plan that addresses my specific needs and concerns.

Thank you for taking the time to consider my request. I look forward to your prompt response and the possibility of working together to improve my mental health and substance use challenges.

Sincerely,

[Your Name]