

# Appeal for Disability Services Denial

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Title]

[Organization/Agency Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the denial of my application for disability services, which I received on [Date of Denial]. My application, reference number [Reference Number], was denied based on [briefly state the reason for denial].

I believe this decision was made in error due to [briefly explain your circumstances and any supporting information, including medical documents, tests, or other evidence that supports your appeal].

Please find attached [mention any additional documents or evidence you are including with the letter]. I respectfully request that you review my case again, taking into consideration the information I have provided.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]