

# Letter of Appeal for Mental Health Service Eligibility

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

[Date]

[Recipient's Name]  
[Title]  
[Organization Name]  
[Organization Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal the decision made on [date of decision] regarding my eligibility for mental health services. My name is [Your Name], and my case reference number is [Case Number]. I believe that the decision does not adequately reflect my mental health needs and circumstances, and I would like to provide additional information for your consideration.

[Briefly describe your mental health condition, any diagnosis, and how it affects your daily life. Include any relevant treatment history and previous contacts with mental health services.]

Given my current situation, I respectfully request a review of my case. Access to these services is crucial for my well-being and recovery. I am including [any supporting documents, like doctor's notes or additional evidence] to support my appeal.

Thank you for taking the time to reconsider my request. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]