**SAMPLE DA/SSA LETTER INFORMING CLIENT THAT APPEAL HAS BEEN**

**FORWARDED TO ANOTHER DEPARTMENT FOR RESOLUTION**

****

**Insert Letterhead**



July 19, 2024

[CLIENT NAME]

[CLIENT ADDRESS 1]

[CLIENT ADDRESS 2]

[CITY] [STATE] [ZIP]

Dear [CLIENT NAME]:

We got your appeal about <enter summary of what is being appealed>. We are not the ones to decide your appeal. We have sent your appeal to <enter where forwarded>. You will hear from them soon. You can also call <enter name> at < phone number>.

The Office of the Health Care Advocates may be able to help you with your appeal. They can be reached at 1-800-917-7787.

Sincerely,

[Staff Name]

Grievance and Appeal Coordinator

cc: File

 Other Agency Coordinator

Appeal Other Agency Forward Letter