SSI/SSDI Appeal Letter Template

Dear Social Security Administration,

I am writing to appeal the decision regarding my application for Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) benefits. I believe that my medical condition and disability meet the eligibility criteria, and I would like to provide additional information for your consideration.

[Explain your medical condition, how it affects your ability to work, and any medical evidence or documentation that supports your disability claim.] I am committed to following the necessary procedures and providing accurate information.

I kindly request a review of my SSI/SSDI application and hope for a positive reconsideration. Your support is vital during this challenging time.

Thank you for your understanding and consideration.

Sincerely,