

# SSI Redetermination Appeal Letter

AdvocateNest - advocatenest.polsia.app

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## Instructions

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Use this template if your child's SSI benefits are denied at the age-18 redetermination. You have 60 days from the date of the denial letter to file a Request for Reconsideration. If you want benefits to continue during the appeal, you must request that within 10 days of the denial.

IMPORTANT: This letter supplements (does not replace) SSA's official appeal forms. You still need to file Form SSA-561 (Request for Reconsideration). This letter provides the detailed argument for your case.

## Appeal Letter Template

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**Date:** \_\_\_\_\_

Social Security Administration

**Local SSA Office Address:** \_\_\_\_\_

RE: Request for Reconsideration - SSI Age-18 Redetermination

**Claimant Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Denial Notice Date:** \_\_\_\_\_

Dear Sir or Madam,

I am writing to request reconsideration of the denial of Supplemental Security Income (SSI) benefits for [claimant name] following the age-18 redetermination. The denial notice was dated [date]. I respectfully disagree with this determination for the reasons outlined below.

I also request that benefits continue during the appeal process under Section 1631(a)(7) of the Social Security Act.

## Current Diagnosis and Medical History

(List all current diagnoses and briefly describe the medical history relevant to the disability claim):

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### **Functional Limitations That Prevent Substantial Gainful Activity**

(Describe specific limitations. Focus on how the disability prevents your child from working. Address: sustained concentration, following instructions, interacting with others, adapting to changes, maintaining attendance, physical limitations.)

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### **Daily Living Limitations**

(Describe what help your child needs with daily activities: meals, hygiene, transportation, medications, money management, safety):

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### **Medical Evidence in Support**

(List the documents you are submitting or asking SSA to obtain):

- Updated medical records from treating physician(s)
  - Psychological/neuropsychological evaluation
  - Therapist/counselor records
  - Doctor letter(s) regarding functional limitations
  - IEP/school records documenting accommodations needed
  - Failed work attempts documentation
  - Parent/caregiver statement
  - Other (specify below)
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### **Why the Denial Decision Was Incorrect**

(Address the specific reasons given in the denial letter. Explain what evidence was missed or misinterpreted):

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I respectfully request that this case be fully reconsidered with the additional evidence provided. The claimant's disabilities continue to prevent any substantial gainful activity and this individual meets the adult disability criteria under the Social Security Act.

Thank you for your consideration.

Sincerely,

**Your Name (Parent/Guardian/Representative):** \_\_\_\_\_

**Relationship to Claimant:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Enclosures: [List all attached documents]

Send this letter with SSA Form SSA-561 via certified mail. Keep copies of everything. If denied on reconsideration, you can request an Administrative Law Judge hearing. Consult a disability attorney. This template is from AdvocateNest - [advocatenest.polsia.app](http://advocatenest.polsia.app)