



STATE OF WASHINGTON  
**DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

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

Client Number: \_\_\_\_\_

Case Worker: \_\_\_\_\_

Language: \_\_\_\_\_

Program: \_\_\_\_\_

An Administrative Law Judge has upheld Social Security's decision to deny your application for SSI. You have 60 days from the date of your SSI hearing decision to file an appeal. You may want to consult an attorney before deciding if you want to request an appeal. If you don't appeal this decision within 60 days, your cash benefits may end per WAC 388-449-0150.

If you decide to file an appeal with the SSI Appeals Council, you must provide proof of your appeal by \_\_\_\_\_.

Please call me if you have any questions about this letter or if you need help requesting an appeal from the Social Security Appeals Council. The address for the Appeals Council is:

APPEALS COUNCIL, OFFICE OF HEARINGS AND APPEALS, SSA  
5107 LEESBURG PIKE  
FALLS CHURCH VA 22041 - 3255

\_\_\_\_\_  
Telephone Number: \_\_\_\_\_

SSI FACILITATOR

