 **YOUR Letterhead**

Your State Department of Human Resources • Division of Mental Health and Substance Use Disorders

Two Any Street, NW • Suite 23-215 • City, State 33333 • 444-444-4444

Re: Jane Doe

DOB: 10/24/1900

SSN: 555-55-5555

\*\*Replace highlighted text to represent the circumstance at hand.

[Today’s Date]

Social Security Administration

2630 Another St., SW

Your City, YY 33333

To Whom It May Concern:

I am writing today to request that you reschedule the consultative exam for Jane Doe/honor the protective filing date for Jane Doe/accept the Request for Reconsideration for Jane Doe.

For the Recon example: I have enclosed an SSA-561: *Request for Reconsideration* for Jane Doe. In addition, Ms. Doe has signed an SSA-1696: *Appointment of Representative* form, which is also enclosed.

Ms. Doe is experiencing homelessness and has been for over a year. Given the instructions for social distancing with COVID-19 and the reduced availability of direct services, Ms. Doe was unable to attend the originally scheduled appointments. If it were not for this unprecedented pandemic, she would have met the required response times and attended the appointment as scheduled. We believe that this is *good cause* for rescheduling her consultative exam/honoring her protective filing date/accepting her reconsideration.

I will be serving as her representative throughout the application process and will work with her to ensure all future deadlines will be met.

If you have any questions, please do not hesitate to contact me at (555) 555-5555. Thank you for your assistance and consideration.

Sincerely,

Ms. SOAR Case Manager, LMSW

SOAR Benefits Specialist

An Agency