

**Appendix F1-**  
Denial Letter - Treatment

Date

Dear Applicant:

Your application for enrollment in the World Trade Center Health Program has been reviewed, and a determination was made that you are not eligible based on the information that you provided. Specifically, [PROVIDE THE REASON FOR THE DENIAL].

If you would like to appeal this decision, you must submit an explanation of how you believe the information that you provided in your original application was misinterpreted. Please mail your appeal to:

World Trade Center Health Program

Address 1

Address 2

Sincerely,

WTC Program Administrator