

Georgia Department of Human Services

**County Request for a Final Appeal**

AU IDs: \_\_\_\_\_ Date: \_\_\_\_\_

TANF: \_\_\_\_\_ ABD: \_\_\_\_\_ Name of County Contact: \_\_\_\_\_

FS: \_\_\_\_\_ Telephone #: \_\_\_\_\_

CAPS: \_\_\_\_\_ Family MAO: \_\_\_\_\_ Appeal #: \_\_\_\_\_

Other: \_\_\_\_\_

Claimant: \_\_\_\_\_ Basis for Appeal: (Laws, Rules, Policy)

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

\_\_\_\_\_  
\_\_\_\_\_

Issue(s) to be Resolved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Use by State Level Review ACCEPTED** (Provide Laws, Rules, Policy)

WHY?

Date sent to LSO: State Reviewer: \_\_\_\_\_

**REJECTED** (Provide Laws, Rules, Policy)

WHY:

Date Returned to County: State Reviewer: \_\_\_\_\_

**For Use by LSO**

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

Date of Final Decision: \_\_\_\_\_

\_\_\_\_\_  
Signature of Appeals Reviewer