

Georgia Department of Human Services

_____ County Request for a Final Appeal

AU IDs:

Date:

TANF: _____ ABD:

Name of County Contact:

FS: _____ Family MAO:

Telephone #:

CAPS: _____ Other:

Appeal #:

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