

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