

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