



TORRES MARTINEZ DESERT CAHUILLA INDIANS
Temporary Assistance to Needy Families (TANF) Program
P.O. Box 969
Thermal, Ca 92274

APPEAL FORM

1. Name: _____
Last First MI

Address _____
Street City County Zip

Telephone: () _____, () _____

2. Client Case No. (RT#) _____ Office Location: _____

3. Does this Appeal meet the 30 calendar day requirement to submit an Appeal for a Notice of Adverse Action or Decision? Yes _____ No _____

4. Brief Description of the Adverse Action or Decision being appealed from:

5. Brief Description of the reason(s) why you feel the decision is incorrect.

(Attach additional pages if necessary)

6. Are you submitting supporting documentation? Yes _____ No _____

7. Signature: _____ Date: _____

Please mail appeal form to:

**Torres Martinez Tribal TANF
Attn: Executive Office
P. O. Box 969
Thermal, CA 92274**

Office Use Only: Received By (Staff member): _____ Date: _____ Post Date: _____ Received By Executive Office: _____ Date: _____ Referred To (Designee): _____ Date: _____ Does this Appeal meet the 30 calendar day requirement? Yes _____ No: _____
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