

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				tury s
	Street		County	
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:				
		and the second s	A Commission of the Commission	
5. Brief Description of the reason(s) why you feel the decision is incorrect. (Attach additional pages if necessary)				
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6. Are you submitting supporting documentation? Yes No				
7. Signature: Date:				
Please mail appeal form to:				
Torres Martinez Tribal TANF Attn: Executive Office				
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	Thermal,	, CA 92274	and the state of t	
Office Use Only: Received By (Staff men	nber):	Date:	Post [Date:
Received By Executive	Office:		Date:	
Referred To (Designee)):		Date: _	
Does this Appeal meet the 30 calendar day requirement? Yes No:				