Owens Valley Career Development Center
Tribal TANF Program

APPEAL FORM: (To be completed by client)

I, _____, would like to appeal the
(Print name)

following action taken regarding my Tribal TANF Program grant or eligibility.

I received a notice on: _____ Date of notice: _____

Case Counselor/Site Name: _____

Client Address: _____

State Issue: _____ _____

_____

_ _____

What you are disputing: _____

_____

_ _____

_____

Why do you disagree: _____

__ _____

__ _____

_____

_____ _____ _____
Signature of Client Date Contact/Phone Number

Important: (You must return this completed form to the following address within 10 days of the date receipt of notice)

OVCDC Tribal TANF Program
Attn: TANF Director
5070 N. Sixth Street, Suite 110
Fresno, CA. 93710
Phone: 559-226-2880
FAX: 559-226-4910

REV: 07/02/13