



Tuolumne Me-Wuk Tribal TANF Program

APPEAL FORM

I, _____, would like to appeal the following action taken regarding my Tribal TANF Program grant or eligibility.

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

Case Counselor/Site Name: _____

Client Address: _____

Name of Case Counselor or person sending notice: _____

State the nature of the action: _____

What you are disputing: _____

Why you disagree: _____

Signature of Client

Date

Phone Number

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

Tuolumne Me-Wuk Tribal TANF
Program Attn: TANF Director
14520 Mono Way, Suite 200
Sonora, CA 95370
Phone: 209-928-5380
FAX: 209-928-5381