

APPEAL SUMMARY
DCF Office

I. IDENTIFYING INFORMATION **Appeal No.**

Appellant's Name:
Address:
Telephone Number:

<u>Household Members</u>	<u>Date of Birth</u>	<u>Relationship</u>
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Type of Assistance:

Other Pertinent Information:

**II. DCF STAFF REPRESENTING THE AGENCY AT THE HEARING
(JOB TITLE AND NAME)**

, EES Worker
, EES Supervisor

III. EXACT STATEMENT OF APPELLANT OR ATTACH THE APPEAL REQUEST

Request for Administrative Hearing attached.

IV. AGENCY ACTION:

Date of Action(s):

Notice of Action dated:

Basis for Agency Action:

Manual Reference(s):

V. DATE SUBMITTED:

SUBMIT BY DATE REQUESTED, OR WITHIN 15 DAYS AFTER REQUEST FILED

Send 1 copy to: Office of Administrative Hearings
1020 S. Kansas Ave
Topeka, KS 66612-1327
(785) 296-2433

Mail 1 copy to appellant or appellant's representative.

The appeal summaries are not to be faxed.

Attachment: Request for Fair Hearing