

**APPEAL SUMMARY**  
**\_\_\_\_\_ SRS**

**I. IDENTIFYING INFORMATION**

**Appeal No.**

**Appellant's Name:**

**Address:**

**Telephone Number:**

Household Members

Date of Birth

Relationship

Type of Assistance:

Other Pertinent Information:

**II. SRS 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 \_\_\_\_\_.

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**Basis for Agency Action:**

**Manual Reference(s):**

**V. DATE SUBMITTED:**

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

**SEND ORIGINAL & 1 COPY TO:** Office of Administrative Hearings  
1020 S. Kansas Ave  
Topeka, KS 66612-1327  
(785) 296-2433

Attachment: Request for Fair Hearing