

Date:

To: Appeals Section

Attention: Liaison for Appeals

From:

LBP APPEALS IM APPEAL SUMMARY
--

Case name:

Appeal number (if applicable):

Issue being appealed:

Household composition and referral status:

Name	Relationship	State ID#	Date Referred (Referral Date or NA)	List Reason If Exempt

Has there been any previous LBPs? ☐ Yes ☐ No

If so, attach copies of all JOBS screens.

Explain office mailing procedures:

Explain reported problems with mail delivery, if any (For example, reported non-receipt of warrants):

Any reported address changes during the time in question?

Any additional information:

Attached supporting documents:

cc: PROMISE JOBS –