

The Department of Human Services in Partnership with the Departments of Economic Development, Education, Human Rights, Management, and Workforce Development.

Date:

To: Appeals Section

Attention: Liaison for Appeals

From:

LBP APPEALS PROMISE JOBS APPEAL SUMMARY

Case name:

Appeal number (if applicable):

Issue being a	ppealed:
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Any previous LBPs?	🗌 Yes	No No
If so, attach copies of al	I JOBS scre	ens.

Explain office mailing procedures:

Explain reported problems with mail delivery, if any (For example, non-receipt of notice of appointment or returned mail due to non-delivery):

Any additional information:

Attached supporting documents:

cc: Income Maintenance -