DOUGLAS COUNTY
DEPARTMENT OF GENERAL ASSISTANCE
4102 WOOLWORTH AVENUE OMAHA, NE 68105

REQUEST FOR AN ADMINISTRATIVE APPEAL HEARING

I, _____ wish to appeal to the Director of the Department of General Assistance to review my case and reconsider my denial or reduction of benefits. I understand that this appeal is for the month(s) indicated on the Notice of finding only. I understand this is not a guarantee that the action I disagree with will be changed and that I have a right to reapply for future benefits.

The reason(s) I disagree are as follows:

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_____

I also understand that this appeal only affects the month(s) indicated on the Notice of Finding. I also understand that I must make a new application for benefits for any other months.

_____
Signature

_____
Print Name

_____
Address

_____
Daytime Phone Number

Print Form