

REQUEST TO APPEAL EXTRAORDINARY CIRCUMSTANCES EXEMPTION INELIGIBILITY DETERMINATION:

- This request for appeal must be completed in full and received within twenty (20) calendar days of the date of the notice informing you that the county has determined that you are ineligible for an Extraordinary Circumstances Exemption. Incomplete or late appeal requests will not be processed.
- Fill out and sign the second page of this form.
- Provide a copy of your notice from the county ineligibility determination.
- Provide any supporting documentation for your appeal request.
- Make a copy of the front and back of this page for your records.
- Send this form to:

California Department of Social Services
Appeals, Administrative Review and Reimbursement Bureau
Attn: Exemption 2 State Administrative Review Unit
744 P Street, MS 9-12-04
Sacramento, CA 95814

- The California Department of Social Services (CDSS), Exemption 2 State Administrative Review Unit (ESAR), will review the information contained with this request (including both information you provided and all information provided by the county/Public Authority/Non-Profit Consortium) to make the decision regarding your eligibility. Upon completion of this review of all materials, the ESAR will make a determination of eligibility.
- If you have any questions, call the CDSS ESAR at (916) 651-3488.

REQUEST TO APPEAL EXTRAORDINARY CIRCUMSTANCES EXEMPTION DETERMINATION

APPEAL REQUEST

I want to appeal the determination of _____ County about my ineligibility for an Extraordinary Circumstances Exemption. I believe that the County's decision is not correct. Here's why:

If you need more space, check the box at left and attach a page.

PROVIDER NAME:	CASE NUMBER:	
RECIPIENT NAME:	CASE NUMBER:	
EXEMPTION 2 COUNTY CONTACT PERSON:	PHONE NUMBER:	
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE NUMBER:		
SIGNATURE OF PROVIDER OR RECIPIENT:	DATE:	