

GENERAL ASSISTANCE APPEAL FORM

If you disagree with the decision made on your request for General Assistance, this form should be filled out and presented directly to the Lancaster County General Assistance office.

Name of Applicant _____

Address _____

Social Security No. _____ Date _____

GA Staff Receiving Form _____ Date _____

Time to Appeal: Appeals shall be processed in the following manner:

1. The applicant shall present their appeal in writing to General Assistance within fifteen (15) calendar days following the date on which notice of the county's action is mailed to the client. A General Assistance Supervisor shall review the appeal and respond in writing to the applicant within fifteen (15) calendar days following the date on which the appeal was received.
2. If a satisfactory settlement is reached, the applicant shall withdraw the appeal in writing within fifteen (15) calendar days of receipt of the response from the General Assistance Supervisor. If not withdrawn, a hearing officer shall be appointed and act in accordance with 1:302.

For this procedure, you may represent yourself or be represented by a friend, guardian, or legal representative. In all cases, we will send you a written notice of our decision within 15 days of your request.

REQUEST FOR ACTION

I wish to appeal the decision.

The following is an explanation of why I think my application should have been approved:

Signature

Date