HDM MEALS ON WHEELSACRAMENTO COUNTY APPEAL FORM 09/25/2024		
APPLICANT/PARTICIPANT INFORMATION		
Applicant/ Participant Name:	Daytime Pho	one #:
Home Address:		
City:	State:	Zip:
REASON FOR APPEAL (please check one box) Applicant not placed on Home Delivered Meal Program Waitlist Applicant removed from Home Delivered Meal Program Waitlist Applicant ineligible for Home Delivered Meal Program services Cancelation of current Home Delivered Meal Program services		
I DO NOT AGREE WITH THE DETERMINATION AND I REQUEST RECONSIDERATION My reasons are (reasons should relate to the basis of not being placed on waitlist, removed from waitlist, cancellation of current services or being found ineligible during application or reassessment process):		
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<b>ACKNOWLEDGMENTS:</b> By signing below, I certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for future services offered by Meals on Wheels Sacramento County		
Applicant/Participant Signature:		
Print Applicant/Participant Name:		Date Signed:
FOR STAFF USE ONLY-DO NOT COMPLETE THE GRAY SECTIONS		
Applicant/ Participant Name:	Date Appeal Letter Received:	
Decision Date:	Processed By:	
Date Determination Letter Sent:		
Appeal Granted: ( PLEASE EXPLAIN)		
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Appeal Denied ( PLEASE EXPLAIN)		
Follow-up steps:		