

FASTTRAC! Eligibility Determination Appeal

Please complete this form if you would like to appeal our determination regarding your eligibility for FASTTRAC! service. Once completed, please return to the address listed below. Completed forms must be postmarked within 60 days of the date of your eligibility determination letter.

Section I

Name

Street Address				
City		State	Z	ip Code
Telephone (Home)		Telephone (Work)		
Email Address		<u> </u>		
Accessible Format Requirements (check all that apply)		Large Print	Audio Tape	TDD
		Other (please detail)		
		Section II		
Are you filing this appe	al on your own behalf?		Yes*	No
* If you answered "yes"	to this question, please proceed to Sect	ion III.		
If not, please supply the	name and relationship of the person for	r whom you are appealing:		
Please explain why you	have filed for a third party:			
The second secon	1			
-	have obtained the permission of the app	pealing party if	Yes	No
you are filing on behalf	or a third party:	Section III		
Please select on of the	following:	Section III		
	tional information for the Appeal Comn	nittee to consider, but do not war	nt to appeal in person	(If you
	se send all additional information you w			
	he basis for the determination outlined i			
additional information.				
Labores to appeal in no	rson. (If you choose this option, we wil	l contact you to cahadula a mutu	ually agracable day and	d time for
	a may bring additional information to th			
information on your bel		The second second with the		
		Section IV		

Please submit this form in person, or mail to the address below:

Have you previously filed an eligibility determination appeal with this agency?

City of Fayetteville

Attn: FASTTRAC! Eligibility Appeals Committee

433 Hay Street

Fayetteville, NC 28301

If you require assistance in completing this form, you may call us at (910) 433-1232 (Option 3) to request an appointment.

Yes

No