



Palm Beach County Community Services Department

Appeals Request Form

Instructions: Please fill out all fields of this form and mail or email to the following no later than *10 business days* from the date of eligibility denial:

*Palm Beach County Community Services Department 810 Datura Street
West Palm Beach, FL 33401 Attn: Supervisor– Appeals Request*

Or

E-mail: CSDCares@pbcgov.org

I, _____ feel the decision made regarding my request for service through the Palm Beach County Community Services Department (CSD) is unsatisfactory and I wish to present my case to a higher authority.

I have received a copy of the Community Services Department Appeals Process and understand my rights as outlined.

I understand that if I have any questions regarding my right to appeal, I may contact CSD Administrative Staff for clarification.

Client Name:	
Client Phone Number:	
Client Email Address:	
Client Comments/Reason for Request:	

Client Signature: _____

Staff Signature: _____

Date: _____

Date: _____



For Staff Only:

Received By:	
Date:	

**Appeal
Results:**

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