



This form may be completed by an applicant or recipient for financial assistance in the instance where they have received a decision regarding a reconsideration from the Department of Financial Assistance (DFA) and they are aggrieved by, or dissatisfied with, the decision. **If such a person is currently represented by a third party before the Department of Financial Assistance or would like to be represented by a third party for the purposes of this appeal, the Appeals Form (Third Party Representation) must be completed instead.**

Appeals must be submitted to the Financial Assistance Appeals Tribunal within 28 working days from the issuance of the reconsideration decision from the Department of Financial Assistance. Late appeals will be refused unless good cause is shown, as determined by the Appeals Tribunal.

If you submit this form physically and run out of space in any field, please continue on a separate sheet of paper and attach it to this form.

Name

Physical address

District Bodden Town West Bay East End George Town
 North Side Cayman Brac Little Cayman

Date of birth

Contact number **Email address**

Mailing address

General delivery (for persons without a P.O. box) Yes No

Address to which documents should be sent (if different from above)

District of the mailing address to which documents should be sent

Bodden Town West Bay East End George Town
 North Side Cayman Brac Little Cayman

Aspects of the decision that you are appealing (check all that apply)

- Amount
- Duration
- Conditions attached
- Refusal of an application
- Suspension
- Revocation
- Variation
- Recovery of money overpaid or improperly paid
- Refusal to reconsider

Date of issuance of the Department's reconsideration decision

Please identify any aspect(s) of the Department of Financial Assistance's policy which you claim were not followed in relation to the decision:

Please provide any additional information you wish for the Appeals Tribunal to consider in relation to the decision:

If you are submitting your appeal after 28 working days from issuance of the reconsideration decision from the Department of Financial Assistance, please provide an explanation here (otherwise leave this field blank):

Do you wish to appoint a witness to be heard by the Appeals Tribunal in support of this appeal? If YES, please also complete a Witness Appointment Form and attach it with this form.

- Yes No

Do you have any evidence that you would like to submit to the Appeals Tribunal?

If so, please specify what it is in the below field and attach it with this form:

Do you anticipate that you may need any form of physical or mental support during a hearing?

Yes No

If you answered YES to the above question, please specify what form(s) of support you may need (otherwise leave this field blank). Examples of accommodation include regular breaks or having an interpreter present:

I, _____, confirm that I have applied for a reconsideration regarding the decision I am appealing and that I have received a response from the Director.

I, _____, confirm that the information provided above is accurate and truthful to the best of my knowledge.

Appellant Signature

Date

Thank you for completing this form. This form can be submitted via email to faatribunal@gov.ky or deposited in the Financial Assistance Appeals Tribunal drop box in the lobby of the Government Administration Building at 133 Elgin Avenue.