



Review of Decisions (First Tier Appeal) Application

Please print in BLOCK LETTERS with a black or blue pen

This form is to be completed by a client to appeal a decision made by the Department of Family and Community Services (FACS), or appeal a decision made by a community housing provider about eligibility for social housing. Please attach any relevant documentation or additional information that you think may assist the review. Once completed please send the form to the relevant social housing provider. For information or assistance with this form, phone **1800 422 322**, 24 hours a day, seven days a week. Please mark relevant boxes with a . If you need more room to answer any question, please include details on a separate page and attach it to this form.

Client reference number

Application reference number

T-File number

Your details

Title	<input type="text"/>
Mr, Mrs, Ms, Miss	
Last name or family name	<input type="text"/>
Given name (s)	<input type="text"/>
Unit/House number	<input type="text"/>
Street/Avenue	<input type="text"/>
Town or Suburb	<input type="text"/>
Postcode	<input type="text"/>
Phone	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>

Do you require an interpreter?

Yes

No

List preferred language below

Language

Advocate or other contact person

I would like another person to act as a representative on your behalf, or would like someone else to know the details of your appeal (for example a support worker), please complete this section.

Name of advocate (please print)

Agency

Phone Number

What decision would you like reviewed?

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

