Name of Person Appealing: 

Phone Number: 

E-mail Address: 

I am appealing a decision made by:
(select the program that made the decision you are appealing)

☐ Assured Income for the Severely Handicapped  ☐ Income Supports and Training
☐ Child Care Licensing  ☐ Family Support for Children with Disabilities
☐ Child, Youth and Family Enhancement  ☐ Persons with Developmental Disabilities
☐ Other (specify program) ____________________________________________________________

I appealed this decision on ____________________________ date you appealed

My signature below indicates that I agree to the following (strike out and initial any provision you do not wish to authorize):

1. I authorize the Appeals Secretariat to disclose information to the individual(s) named and listed below as it relates to my appeal.
2. This authorization allows the individual(s) named and listed below to provide any information to the Appeals Secretariat as it relates to my appeal.
3. This authorization allows the individual(s) listed below to represent me at my appeal hearing.
4. I understand I must notify the Appeals Secretariat immediately if I choose to no longer allow the person named and listed below to act on my behalf.
5. I understand that providing this authorization does not preclude me from participating fully in my appeal process and hearing.

I authorize the following individual(s):

Authorized individual’s/individuals’ telephone number and e-mail:

Please sign and date below

Signature of Person Appealing: 

Date: 

Signature of Witness:

Date: 

Printed Name of Witness:

Please note, the witness cannot be the individual being authorized to represent the Appellant and must be someone over the age of 18.

Return completed forms by Mail: 

Appeals Secretariat
2nd Floor, Agronomy Centre
6903 116 Street NW
Edmonton, AB T6H 5Z2

Return completed forms by E-mail: 

css.appeals@gov.ab.ca

Return completed forms by Fax:

(780) 422-1088

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