

DEPARTMENT REVIEW SUMMARY

Michigan Department of Health and Human Services

INSTRUCTIONS:

- Complete this form and mail it to the following address within **10 days** of receipt of the review request.
- If you have questions, you may call toll free **1 (877) 833-0870**

**MICHIGAN DEPARTMENT OF HEALTH and HUMAN SERVICES
APPEALS SECTION
PO BOX 30807
LANSING MI 48909**

SECTION 1 – Case Information:

Name	Case Number	Docket Number	
Street Address	City	MI	ZIP Code

SECTION 2 – Department Review Summary:

1. Effective Date of Action	2. Date Applicant / Beneficiary was Notified of Department Action	3. Date Review Requested
4. Explanation of Action(s) Taken		
<h1>SAMPLE</h1>		
5. Facts and Fact Sources Used in Taking This Action(s)		
6. Law(s), Regulation(s) or Policy Manual Item(s) Used in Taking This Action(s)		

SECTION 3 – Signature:

7. Prepared By: (Signature)	8. Date Signed	9. Phone Number
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AUTHORITY: 42 CFR 431.200 – 431.250
COMPLETION: Is Voluntary.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.