

**MILWAUKEE COUNTY BEHAVIORAL HEALTH SERVICES  
 COMMUNITY ACCESS TO RECOVERY SERVICES  
 CARS ELIGIBILITY DECISION APPEAL FORM**

<b>Name – Client (Last, First MI)</b>	
<b>Name – Appellant</b>	<b>Appellant Agency</b>
<b>Appellant Address</b>	<b>Appellant Phone Number</b>
<b>Appellant Signature</b>	<b>Date</b>

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Please describe the reason you wish to appeal the eligibility determination made by CARS. Be thorough and precise in your answer and include any information that may assist the eligibility determination team in best understanding the needs of the individual who has been referred/denied for long term support services. If more space is needed, attach another sheet of paper to this form. You should also attach any documentation that was not included in the original CARS referral but may be relevant to the client’s situation. After you have written your appeal, please hand deliver or mail the document to the CARS Intake Team, Behavioral Health Services, 1220 W. Vliet St, Milwaukee, WI 53205, or fax it to 414.454.4242.

**FOR CARS STAFF TO COMPLETE**

<b>Date Appeal Received</b>
<b>Date Team Reviewed Appeal</b>
<b>Date Appeal Decision Letter Sent to Appellant</b>

**Outcome of Team Review of Appeal:**

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**Signature – CARS Staff**

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**Date**