

REQUEST FOR CLARIFICATION/INTERPRETATION

To:

Name and Title: _____
Organizational Unit: _____
Address: _____

From:

Name and Title: _____
Organizational Unit: _____
Address: _____

1. Type of Request: Follow-up to Verbal Request dated: _____ Written Request

2. Statement of Question or Issue:

References:

3. Answer:

References: Approved and Issued by: _____ (Program Director)
Date: _____

State Use Only

4: Distribution:

One Copy: Requestor One Copy: Manual Coordinator
One Copy: Division Files Additional Copies: _____

5: Follow-Up:

- To be issued as Bulletin to: _____ (Division Administrator)
- Manual. Expected Date of Issuance: _____
- A.R.M. Change
- State Plan Change