**Application For Inclusion of a DSHS BOA Review Decision**

**(known as a DSHS BOA Final Order) in the Index of Significant Decisions**

Your name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your contact phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appellant named in the proposed review decision:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Docket number of proposed review decision:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brief explanation as to why you believe the review decision should be placed on the Index:

Attach a copy of the review decision. You do not need to redact (cross-out or remove) any personal or confidential information within the review decision. This will be done by the Board of Appeals if the review decision is chosen to be placed on the Index.