

SAMPLE 2

HEARING SUMMARY

Customer Name : Ruth Johnson Customer ID# 04562319

Customer Address: 67677 Windsor Road North East MD 34901

OAH ID # 06-DHR-25-00045

Program (Please check appropriate program)

Temporary Cash Assistance (TCA) _____

Temporary Disability Assistance Program (TDAP) X Food Stamps _____

Medical Assistance _____ Maryland Children's Health Program _____

Other (specify) _____

Summary (Concise Details)

See Attached

Basis for Decision:

COMAR:

07.03.05 Temporary Assistance to Disabled Program (TDAP)

10.09.24.05E(2) State Review Team (SRT)

10.09.24.02B(19) Definitions of Disabled

Mary Smith
Local Department Representative

Hearings Representative
Title

4/08/2005
Date