



Department of Human Resources
311 West Saratoga Street
Baltimore MD 21201

FIA ACTION TRANSMITTAL

Control Number:

#01-06

Effective Date: UPON RECEIPT

Issuance Date: August 15, 2000

**TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS AND ELIGIBILITY STAFF
HEARING AND APPEALS COORDINATORS, LOCAL DEPARTMENTS
OF SOCIAL SERVICES**

**FROM: *Charles E. Henry*
CHARLES E. HENRY, ACTING EXECUTIVE DIRECTOR**

RE: HEARINGS REQUEST FORM – DHR/FIA 334 (Revised 7/00)

PROGRAM AFFECTED: ALL PROGRAMS

ORIGINATING OFFICE: OFFICE OF POLICY, RESEARCH AND SYSTEMS

SUMMARY:

Applicants or customers have the right to file an appeal and request a hearing if a local department's decision adversely affects their Family Investment Program benefits. Use the Request For Hearing (DHR/FIA 334) form when an applicant or customer requests a hearing. This form must be readily available in local department reception areas and given to the applicant/customer upon demand.

The Request For Hearing form was revised (copy attached) to make it clearer and easier to fill out. The information about how to have a hearing if applicants/customers think the local department was wrong is included on the back of the form. The form obtains the following information:

- ☐ Demographic information
- ☐ Reasons they want a hearing
- ☐ Which programs they are appealing
- ☐ Explanation of what happened with their case
- ☐ Conditions for continuing their benefits

The text on the form has been simplified so that applicants/customers have a clear understanding of what they need to do when they disagree with a local department action on their case. In addition, the form includes text that informs applicants and customers that they fill out the form ONLY if they disagree with the local department action.

Once the revised Request For Hearing form has been printed, an initial supply will be distributed to local departments. Additional forms may be ordered from the warehouse according to local department procedures.

ACTION REQUIRED:

Anyone applying for or receiving cash assistance, food stamps and medical assistance has the right to appeal and request a hearing when they disagree with the local department's decision to deny, reduce or terminate benefits. Applicants and customers can request a hearing orally or in writing.

- ☐ Oral requests must be put in writing by the applicant, customer or local department within seven calendar days of the oral appeal request.
- ☐ Use the Request for Hearing (DHR/FIA 334) form for written appeals.
- ☐ The local department must assist applicants/customers who need or request help to fill out the form.

Please refer to Action Transmittal #01-04 for additional information on the hearing process and use of the revised Withdrawal Of Request For Hearing (DHR/OS 87) form.

ACTION DUE: Upon receipt.

INQUIRIES

Please direct questions to Edna McAbier at 410.767.8805.

c: DHR Executive Staff
 FIA Management Staff
 Constituent Services
 Help Desk
 CTF

REQUEST FOR HEARING

Fill out this form **ONLY** if you disagree with the action taken on your case.

If you disagree with the action of the local department, you are entitled to discuss it with a supervisor.

We will help you fill out this form or you can ask for a hearing by calling 1-800-332-6347.

1. Tell us who you are. Fill in all the blanks in this box, and complete boxes 2 – 5. Please Print.

Name _____

Address _____

City _____ State _____ Zip Code _____ Phone number (____) _____

Your local office name: _____ Your Social Security Number: _____

2. What are the reasons you want a hearing?

- ☐ I was not allowed to apply.
- ☐ My application was turned down.
- ☐ My application was not handled properly.
- ☐ The amount of assistance I receive is wrong.
- ☐ My assistance has been incorrectly suspended, reduced, or terminated.
- ☐ I am not receiving the services that I need.
- ☐ I do not agree that I should pay back assistance I received.
- ☐ Other (specify) _____

3. Which programs do you want to appeal?

(✓ check all that apply)

- ☐ Temporary Cash Assistance (TCA)
- ☐ Food Stamps (FS)
- ☐ Purchase of Care (POC – child care)
- ☐ Transitional Emergency Medical and Housing Assistance (TEMHA)
- ☐ Foster Care (FC)
- ☐ Medical Assistance (MA)
- ☐ Emergency Assistance (EA)
- ☐ Other (specify) _____

4. Why do you want a hearing? Please tell us what happened. _____

5. I understand if I ask for a hearing within 10 days from the date of the notice and I was receiving benefits, I can still get them while I wait for my hearing unless my benefit period ends. I will have to pay back the benefits if I lose my appeal.

Check here if you do not want benefits while you wait for your hearing: ☐

Please sign here:

Signature _____

Date _____

FOR AGENCY USE ONLY

Department _____ Local Office _____ Date Appeal Received _____

Case Name _____ Case Number _____

Appeal based on notice sent: _____ Effective: _____ Conference held? Y ___ N ___

Benefits pending? Y ___ N ___ Reason: _____

Case record attached? Y ___ N ___ Reason: _____

Worker: _____ Supervisor's approval: _____ Date: _____

FOR APPEAL UNIT USE ONLY

Appeal Rep: _____

Date: _____

Category _____ Transmitted by _____

Office of Administrative Hearings
Administrative Law Building
11101 Gilroy Road
Hunt Valley, MD 21031-1301

Office of Administrative Hearings
Administrative Law Building
Linda Novak
11101 Gilroy Road
Hunt Valley, MD 21031-1301

HOW TO HAVE A HEARING IF YOU THINK WE ARE WRONG

➤ **How do I request a hearing?**

Use the form on the back of this page.

Bring the form to your local office

The name of your local office is in the upper right corner of the notice.

OR, mail the form to the Office of Administrative Hearings.

Use the enclosed envelope.

Make sure the address at the top of this page shows through the envelope window.

If you don't want to fill out the form

Come to your local office. We will help you.

Call your case manager or call 1-800-332-6347.

➤ **How long do I have to request a hearing?**

You must ask for a hearing no later than **90 days** after the date of the notice.

➤ **How can I still get my benefits while I wait for my hearing?**

If you ask for a hearing no later than **10 days** after the date of the notice and you were getting benefits, you can get your benefits while you wait, unless your benefit period ends.

➤ **Will I owe any money if I get my benefits while I wait?**

Yes, if the judge agrees with us and you lose your appeal, you may have to pay back benefits.

➤ **When and where will the hearing be?**

The Office of Administrative Hearings will send you a notice telling you the time and place of your hearing.

➤ **Do I have to come to the hearing?**

Yes, you will lose if you do not come. If you can't come, tell the Office of Administrative Hearings and they will reschedule the hearing.

➤ **Can I bring someone to help me or speak for me?**

You can bring a lawyer, friend or relative. If you want free legal help, call your local office or call Legal Aid at 1-800-999-8904.

➤ **How can I prepare for the hearing?**

You can see your file, including your computer file, at your local office and talk with us about this decision. Please call to make an appointment. We will send you our reasons for the decision you are appealing at least 6 days before the hearing.

Si necesita ayuda para llenar el formulario favor de llamar al 1-800-332-6347.