

SAMPLE 1

HEARING SUMMARY

Customer Name: Jack and Sarah Able Customer ID # 0512098345

Customer Address: 2435 French's Road Baltimore MD 21234

OAH ID # 06-DHR-15-000 06-DHMH-30-0000

Program (Please check appropriate program)

Temporary Cash Assistance (TCA) _____

Temporary Disability Assistance Program (TDAP) _____ Food Stamps X

Medical Assistance X Maryland Children's Health Program _____

Other (specify) _____

Summary (Concise Details)

See attached

Basis for Decision:

COMAR :

07.03.17.30 Food Stamp income

07.03.17.43 Food Stamp calculations

07.03.17.44 Schedules for Income and Deductions

10.09.24.07 Medical Assistance eligibility

MA Schedule 1

Jonathan Owens
Local Department Representative

FIA Supervisor
Title

May 9, 2005
Date