REQUEST FOR FAIR HEARING

Fill out this form ONLY if you disagree with a decision concerning your benefits. 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 the blanks in this box and complete boxes 2-4. Please print clearly.

Name:_____ Date of Birth: _____

Address:_____

City:_____ State:_____ Zip Code_____ Phone Number ( ) _____

Email address:_____ Your local office name: _____

2. Which programs do you want to appeal? (Check all that apply)

Your Representative's Name: _____

_____ Community MA
_____ Long Term Care MA
_____ Maryland Children's Health Program (MCHP)
_____ Temporary Cash Assistance (TCA)
_____ Supplemental Nutrition Assistance Program (SNAP
_____ Child Care Subsidy (CCS)
_____ Temporary Disability Assistance Program (TDAP)

Parent or Guardian's Name: _____

_____ I receive other benefits
_____ I do not receive any other benefits
_____ Qualified Medical Beneficiary (QMB/SLMB)
_____ Other _____
_____ Foster Care (FC) and/or Adoptions
_____ Emergency Assistance (EA)
_____ Public Assistance to Adults (PAA)
_____ Overpayment of TCA
_____ Over issuance of SNAP
_____ Other _____

3. 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.
____ I am not receiving the services that I need.
____ The amount of assistance I receive is wrong.
____ My assistance has been incorrectly suspended, reduced, or terminated.
____ I do not agree that I should pay back assistance I received.

If you received a notice about this, what is the date on the notice? _____

Do you provide consent to electronic delivery of this notice to the email address provided? ☐ Yes ☐ No

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

_____

4. 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 benefits period ends. I may 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.

_____ 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: _____

DHS/FIA 334 (Revised 4/2021)

Know Your Rights

What Are Your Appeal Rights If You Disagree with DSS (social services)?

PUBLIC JUSTICE CENTER

What can I appeal?

You may file an appeal if DSS:

- Suspends, reduces, or cuts off your benefits, or gives you notice that this will happen
- Denies your application.
- Takes longer than 30 days to process an application.
- Refers you to a work program and you disagree.
- Reduces or cuts your TCA due to work or child support sanction.
- Says they overpaid you and that you owe money.
- Denied your request for reimbursement of stolen benefits, or only reimbursed you a portion of what was stolen.
- Did not provide you with an accommodation needed because of disability.
- Did not provide you with an interpreter or written translation, if you cannot read, write, or speak English very well.

DSS must provide you with notice in writing before reducing or closing your benefits.

- The written notice must be mailed or given to you at least 10 days before the action takes place.
- The notice must give you a reason for the DSS action and tell you about your right to appeal if you disagree.

What happens after I file an appeal?

A Hearing will be scheduled with the Office of Administrative Hearings (OAH).

You will receive a notice with the date, time and location of the hearing. Hearing will be held by an Administrative Law Judge who works for OAH. The Judge does not work for DSS. You can represent yourself, get a lawyer or a non-lawyer to represent you (like a social worker or a family member).

You have the right to look at your DSS file before the hearing and get copies of documents.

DSS is required to send you a written Summary 6 days before the hearing. The Summary will explain why DSS took the action against you and will include the evidence DSS will present at the hearing.

DSS may try to settle the case before the hearing.

Get any settlement offer in writing. The settlement should state what DSS is going to do and when they are going to do it. If you are not able to settle the case, you can have the hearing in front of the OAH Judge.

You may testify for yourself at the hearing. You may also bring witnesses to testify and give documents to the Judge.

After the hearing, the Judge will send you a written decision.

The decision will explain whether the Judge thought the DSS action was correct or incorrect, and what action DSS has to take in your case. If the Judge rules in your favor, DSS must follow the decision within 10 days. If you disagree with the Judge's decision, you have the right to appeal.

When can I file an appeal?

You have 90 days to file an appeal after DSS takes action or the date of the DSS notice, whichever is earlier.

If you were receiving benefits, you can request your benefits continue during the appeal. To request **"benefits pending"**, you must file the appeal within 10 days of the date DSS took action or the date of the DSS notice, whichever is earlier.

If you receive benefits during your appeal and you lose your appeal, DSS may require you to pay back the benefits you received during the appeal over a period of time.

How do I appeal?

- Fill out the appeal form with this brochure and turn it into your DSS office.
- Ask for a receipt!
- Tell DSS or a supervisor that you want to file an appeal. If you need help filling out the appeal form, DSS must help you.
- Call 1-800-332-6347 and file an appeal over the phone. Ask for a reference number.

Call us if you would like to request free legal representation

PUBLIC **JUSTICE** CENTER

(410) 625-9409

www.publicjustice.org