

REQUEST FOR FAIR HEARING

NAME		PHONE NUMBER	*SOCIAL SECURITY NO.
MAILING ADDRESS (Street, Apt. #, RFD, etc)			*CARES NO.
CITY	ZIP CODE	COUNTY OR AGENCY	CASE WORKER OR W-2 WORKER

EFFECTIVE DATE OF ADVERSE ACTION

← **DATE YOUR BENEFITS WILL CHANGE**

If the action affects your MA or FoodShare benefits and your request is received before the effective date, your benefits in most cases, will not stop or be reduced. (Overpayment of benefits may be recovered by the county agency.) Do you wish your benefits to be continued? YES NO

✓ CHECK TYPE OF BENEFIT AND ACTION TAKEN THAT YOU ARE APPEALING

	APPLICATION DENIED	APPLICATION PROCESS DELAYED	TERMINATED (BENEFITS ENDING)	OVER-PAYMENT	BENEFIT AMOUNT REDUCED
<input type="checkbox"/> MEDICAL ASSISTANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> LEVEL OF CARE (Nursing Home)					
<input type="checkbox"/> PRIOR AUTHORIZATION (What was denied? _____)					
<input type="checkbox"/> SSI-MA (State Supplement Cash Benefits)					
<input type="checkbox"/> FOODSHARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> NOT RECEIVED					
<input type="checkbox"/> DENIED 'EXPEDITED SERVICE'					
<input type="checkbox"/> MIGRANT HOUSEHOLD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> ENERGY ASSISTANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FOSTER HOME RELATED (Name of Agency who took the Action: _____)					
<input type="checkbox"/> LICENSE DENIAL					
<input type="checkbox"/> LICENSE REVOCATION					
<input type="checkbox"/> REMOVAL OF CHILD					
<input type="checkbox"/> CARETAKER SUPPLEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> KINSHIP CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> AFDC-Recovery of Past Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CHILD CARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> W-2 – Fact-Finding Decision Review (Must have fact-finding review with W-2 agency before requesting this. Must include complete copy of fact-finding decision.)					

Why are you asking for a hearing? (continue on other side if needed)

Signature (Specify if guardian, POA, etc.)	Date
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***THE INFORMATION REQUESTED IS NEEDED TO IDENTIFY YOUR CASE AND PROCESS YOUR REQUEST. INCOMPLETE OR INACCURATE INFORMATION WILL DELAY THE PROCESSING OF YOUR REQUEST.**

Return this completed form to: **DIVISION OF HEARINGS AND APPEALS, P.O. BOX 7875, MADISON, WI 53707-7875**

THOV MUAB KEV NTSUAM XYUAS NCAJNCEES

NPE		XOV TOOJ	* TUS NAJ NPAWB XAUS SAUS
NAJ NPAWB TSEV XA NTAUV (TxoJ kev, Hoob #, RFD, los lwm yam)			* TUS NAJ NPAWB (CARES)
LUB NROOG	TUS NAJ NPAWB XA NYAWV (ZIP CODE)	LUB ZOS (COUNTY) LOS YOG LUB LOOS KAM	TUS NEEG UA HAUJLWM (CASE WORKER) LOS YOG TUS NEEG UA HAUJLWM W-2

YUAV PIB RAU HNUB TIM NTAWM QHOV KEV TAU HAIS NTAWD

← **HNUB TIM KOJ COV KEV PAB YUAV HLOOV**

Yog hais tias qhov kev hais ntawd raug rau koj cov ntawv khomob MA los yog kev pab Zaub Mov Noj (FoodShare) thiab qhov koj thov kev ntsuam xyuas no tau txais ua ntej hnub tim yuav pib txiav kev pab ntawd, koj cov kev pab feem ntau, nws yuav tsis tu los yog tsi raug txo. (Kev tau txais kev pab tshaj kuj yuav raug them los ntawm loos kam hauv zos (county agency). Koj puas xav kom koj cov kev pab txob muab nres tseg? XAV TSIS XAV

✓ XYUAS COV KEV PAB THIAB TEJ KEV UAS UA RAU KOJ XAV THOV MUAB KEV NTSUAM XYUAS NTAWD

- | | TSIS MUAB
DAIM NTAUV
THOV KEV PAB | DIAM NTAUV
THOV KEV PAB
UA TAU QEEB | TXIAV
(KEV PAB TAG) | TAU KEV
PAB-TSHAJ
LAWM | COV KEV
PAB RAUG
TXO |
|--|---|---|--------------------------|------------------------------|----------------------------|
| <input type="checkbox"/> NTAUV PAB KHOMOB | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> KEV TU NEEG (Tsev Laus) | | | | | |
| <input type="checkbox"/> UA NTEJ YUAV MUAB KEV TSO CAI (Yam ab tsis tau raug tsis muab? _____) | | | | | |
| <input type="checkbox"/> SSI-MA (Kev Pab Nyiaj Ntsuab Hauv Lub Xeev) | | | | | |
| <input type="checkbox"/> ZAUB MOV NOJ (FOODSHARE) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> TSIS TAU TXAIS | | | | | |
| <input type="checkbox"/> TSIS MUAB COV 'KEV PAB CEEV' | | | | | |
| <input type="checkbox"/> TSEV NEEG UAS TSIV MUS LOS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> KEV PAB THEM CUA KUB FAIS FAB | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> YOG TSEV SAIB NEEG (Npe ntawm lub Loos kam leej twg yog tus ua: _____) | | | | | |
| <input type="checkbox"/> TSIS MUAB NTAUB NTAUV (LICENSE) | | | | | |
| <input type="checkbox"/> RHO NTAUB NTAUV (LICENSE) | | | | | |
| <input type="checkbox"/> TSHEN MENYUAM TAWM | | | | | |
| <input type="checkbox"/> KEV PAB TU NEEG | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> COV SIB TXHEEB TU (KINSHIP CARE) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> AFDC-Rov tau kev pab los ntawm
Cov Kev Pab Yav Tag Los. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> KEV ZOV MENYUAM | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> W-2 – Xyuas Kev Nrhiav-Qhov Tseeb Txog Kev Txiax Txim Siab (Yuav tsum xyuas kev nrhiav-qhov tseeb ntawm W-2 lub loos kam ua ntej yuav hais. Yuav tsum muaj tej ntau ntawv ntawm kev txiax txim siab txog kev nrhiav-qhov tseeb) | | | | | |

Vim li cas koj ho thov muab kev ntsuam xyuas? (sau txuas mus rau lwm sab yog koj tseem toob kas)

Xee npe (Qhia kom meej yog hais tias yog tus neeg saib xyuas, POA, los lwm yam)	Hnub Tim
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*TEJ LUS HAIS NTAWM KEV THOV MUAB KEV NTSUAM XYUAS NO YUAV TSUM HAIS TXOG KOJ QHOV TEEBMEEM THIAB KOJ QHOV KEV THOV. MUAB LUS TSIS TAG LOS YOG MUAB LUS TSIS THWJ NWS YUAV UA RAU KOJ QHOV KEV THOV MUAB KEV NTSUAM XYUAS NO MUS QEEB.