

REQUEST FOR FAIR HEARING

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|--|----------|------------------|---------------------------|
| 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)

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|--|------|
| Signature (Specify if guardian, POA, etc.) | Date |
|--|------|

***THE INFORMATION REQUESTED IS NEEDED TO IDENTIFY YOUR CASE AND PROCESS YOUR REQUEST. INCOMPLETE OR INACCURATE INFORMATION WILL DELAY THE PROCESSING OF YOUR REQUEST.**

CODSASHO KUSAABSAN DHAGAYSI CADAALAD AH

| | | |
|--|----------------------|--------------------------------------|
| MAGACA | LAMBARKA TALEEFOONKA | *LAMBARKA DAMAANA QAADKA BULSASHADA. |
| CINWAANKA MEESHA LAGU SOO DIRO(Wadada, Guriga.#, RFD, IWM) | | *LAMBARKA CARES |
| MAGAALADA | CALAAMADA BOOSTADA | DEEGAANKA AMA WAKAALADA |
| | | SHAQAALAHA DACWADA AMA W-2 SHAQAALAH |

TAARIKHDA UU DHAQAN GALAAYO WAXQABADKA GO'AANKA

← **TAARIKHDA FAA'IIDOOYINKAAGU AY ISBEDELAYAAN**

Haddii waxqabadka uu saameeyo MA-gaaga ama faa'iidooyinka FoodShareka iyo haddii codsigaaga la helo kahor taariikhda dhaqan galka, faa'iidooyinkaaga xaaladaha badankood, lama joojinayo ama lama yareynayo. (Lacag bixinta siyaadada ah ee faa'iidooyinka waxaa laga yaabaa in ay dib u soo helaan wakaalada degmada.) Ma doonaysaa in faa'iidooyinkaaga ay sii socdaan?

- HAA MAYA

✓ BAAR NOOCA FAA'IIDADA IYO WAXQABADKA AH EE LAQABANAAYO MIDKAAS OO AH IN AAD CODSI SAMAYSAY

| | CODSIGA OO LADIIDAY | HOWSHA CODSIGA OO DIB LOO DHIGAY | DHAMAADKA (FAA'IIDOOYINKA OO DHAMAANAYA) | WAX BIXIN - DHEERI AH | TIRADA FAA'IIDADA OO LADHIMAY |
|--|--------------------------|----------------------------------|--|--------------------------|-------------------------------|
| <input type="checkbox"/> CAAWIMAAD XAGA CAAFIMAADKA AH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> HEERKA XANAANAYNTA (Kalkaaliye Guri) | | | | | |
| <input type="checkbox"/> OGOLAANSHO HORE (Maxaa ladiiday? _____) | | | | | |
| <input type="checkbox"/> SSI-MA (Faa'iidooyinka Lacagta Caddaanka Dheeriga ah ee Gobolka) | | | | | |
| <input type="checkbox"/> FOODSHARE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> AAN LA HELIN | | | | | |
| <input type="checkbox"/> DIIDID 'ADEEGA DEG DEGA AH' | | | | | |
| <input type="checkbox"/> GURIGA AY KUNOOLYIHIIN DADKA SOO GALOOTI AH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> GAR GAARKA AWOODA. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> LA XIRIIRA GURIGA KORINTA ILMAHA (Magaca wakaalada qabanaysa howshaas: _____) | | | | | |
| <input type="checkbox"/> DIIDISTA RUKHSADA | | | | | |
| <input type="checkbox"/> BURINTA RUKHSADA | | | | | |
| <input type="checkbox"/> GUURINTA ILMAHA | | | | | |
| <input type="checkbox"/> XANAANAYN DHEERI AH | <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- Dib u hellida Faa'idooyinkii hore | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> DARYEELKA ILMAHA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> W-2 Xaqiiqa-Raadiska Muraajacaynta Qaraarka (Waxaa waajib ah in ay muraajaco kusoo sameeyaan kooxda xaqiiqa raadiska muraajacaynta ay lajiraan W-2 wakaalad kahor inta aadan codsigaan samaynin. Sidoo waa in ay lajirtaa nuqul ama koobbi dhamaystiran oo kusaabsan qaraarka xaqiiqa-raadiska) | | | | | |

Maxaad u weydiisanaysaa dhagaysi? (kusii soco dhinaca kale hadii loo baahdo)

| | |
|---|------------|
| Saxiisa (Caddee hadii uu yahay waardiye, POA, IWM.) | Taariikhda |
|---|------------|

*WARBIXINTA LA CODSADAY WAXAA LOOGU BAAHAN YAHAY IN LAGU AQOONSADO DACWADAADA IYO IN LA SOCODSIYO HAWSHA CODSIGAAGA. XOG AAN DHAMMEYSTIRNAYN AMA MID AAN SAX AHAYN WAXAY DIB U DHIGAYSAA SOCODSIINTA HAWSHA CODSIGAAAAGA.