

**ARIZONA DEPARTMENT
OF ECONOMIC SECURITY
Family Assistance
Administration
APPEAL REQUEST**

**Complete the following
ONLY when requesting
an Appeal and FAX the
completed form to any
of the FAX numbers on
the right-hand side**

**See pages 18-24 for
USDA/EOE/ADA/LEP/
GINA disclosures**

**Toll-free number:
1-877-528-3330**

**Appeals Processing
Unit (APU):**

Phone: 602-774-9279

Fax: 602-257-7058

Office of Appeals:

Phone: 602-771-9019

Fax:

602-257-7056 Phoenix

602-257-7055 Tucson

CUSTOMER INFORMATION

Name (*Last, First, M.I.*):

Social Security Number:

Case Number:

Address (*No., Street*):

City: _____

State: _____

ZIP Code: _____

Phone Number (*Include area code*):

I want an Appeal for the following programs: (*Check box*)

Cash Assistance

Nutrition Assistance

AHCCCS Health Insurance

Tuberculosis Control

I want an Appeal because I do not agree with: (*Check box*)

End of Benefits
Amount of Benefits
Denial of Application
Overpayment
Other (*Explain*):

**Reason(s) why I
don't agree with your
decision:**

**Date of Notice I do not
agree with: _____**

I need an interpreter:

Yes No

(If Yes, what language?)

**I need an
accommodation for a
disability: Yes No**

(If Yes, explain)

**IMPORTANT: Read
your Appeal rights on
page 9 of this form
before filling out this
section about continued
benefits.**

CONTINUED BENEFITS

Check one of the boxes below if the benefits the participant is appealing is being decreased or stopped.

I DO want to keep getting benefits during my Appeal.

I DO NOT want to keep getting benefits during my Appeal.

NOTE: When none of the options for continued benefits are selected,

benefits may continue automatically. You may be required to pay back any amount you are not eligible for.

Name (*Print or Type*):

Signature: _____

Date: _____

YOUR APPEAL RIGHTS

DES must send you a notice when a decision is made on your case.

An Appeal is your chance to explain your case to a judge who will decide if DES made the right decision.

You have the right to:

- Ask for an Appeal if you do not agree with the decision we made.**
- Ask for an Appeal if we have not made a timely decision.**

- **Ask for an Appeal meeting with DES to discuss your case.**
- **Ask to review your DES case file by contacting your local office.**
- **Get a copy of the law, rule or policy that we used in your decision.**
- **Present testimony and evidence at the Appeal Hearing to support your case.**
- **Bring a representative or lawyer to the Appeal Hearing.**

What happens after you ask for an Appeal?

- **We will send you a notice asking you to contact us for a pre-hearing meeting with DES. You do not have to come to the pre-hearing meeting. If you do, we may be able to fix the problem.**
- **If the problem cannot be fixed, the DES Office of Appeals will send you a notice telling you the date**

**and time of your
Appeal Hearing.**

**What programs can you
ask for an Appeal?**

**AHCCCS Health
Insurance, Cash
Assistance, Nutrition
Assistance, and
Tuberculosis Control.**

**How do you ask for an
Appeal?**

- **You can get a Appeal
Request form at the
local DES office or on
the internet at
<https://des.az.gov/>**

- **Give the local DES office your completed Appeal Request form or a written statement in person, by mail, by Fax, or by dropping it off at the local DES office.**
- **The statement asking for an Appeal should include your address, date of the notice you do not agree with, and a reason why you do not agree with the decision.**

- **You can also call your local DES office to ask for an Appeal. The address and phone number of your local DES office is on your decision notice.**
- **healthearizonaplus.gov**

What is the deadline to ask for an Appeal?

You must ask for an Appeal within:

- **30 days from the date on the decision notice for: Cash Assistance**

and Tuberculosis Control.

- **35 days from the date of the decision notice for: AHCCCS.**
- **90 days from the date on the decision notice for: Nutrition Assistance.**

How can you keep getting benefits while you wait for an Appeal? You may keep getting benefits if you ask for an Appeal within 10 days of the date of this notice,

or before the effective date of the decision you do not agree with, whichever is later.

But, you cannot keep getting benefits while you wait for an Appeal if:

- Your application was denied**
- Your benefits were stopped because the approval period ended**
- The law changed**
- You received the maximum benefits under the program**

CAUTION: You may have to PAY BACK any type of cash benefits or Nutrition Assistance benefits you received while waiting for an Appeal if you do not go to your Appeal Hearing, you withdraw your Appeals request, or the judge decides that DES was correct.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior

civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have

speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any

USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

**(1) mail: U.S.
Department of
Agriculture**

**Office of the
Assistant Secretary
for Civil Rights
1400 Independence
Avenue, SW
Washington, D.C.
20250-9410;**

**(2) fax: (202) 690-7442;
or**

**(3) email: [program.
intake@usda.gov](mailto:program.intake@usda.gov).**

**This institution is an
equal opportunity
provider**

**DES/TANF Agencies
are Equal Opportunity**

Employers/Programs

- **Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or**

employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.