ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Family Assistance Administration

VERBAL APPEALS REQUEST

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

Complete the following ONLY if the Participant wants an Appeal and FAX the completed form to any of the FAX numbers on the right-hand side.

Date Requested ____________ Request Submitted by (Worker's D Number) ____________

CUSTOMER INFORMATION

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

SOC. SEC. NO. ____________ Case No. ____________

Address *(No., Street)* ____________

City ____________ State ________ ZIP Code ____________

Phone Number *(Include area code)* ____________

THE CLIENT WANTS AN APPEAL FOR THE FOLLOWING PROGRAMS: *(CHECK BOX)*

Cash Assistance Nutrition Assistance AHCCCS Health Insurance Tuberculosis Control

THE CLIENT WANTS AN APPEAL BECAUSE THEY DO NOT AGREE WITH: *(CHECK BOX)*

End of Benefits Amount of Benefits Denial of Application Overpayment

Other *(Explain):* ____________

Reason(s) why they don't agree with the Department's decision:

Date of Notice He/She Do Not Agree with ____________

Needs an Interpreter Yes No *(If Yes, what Language?)* ____________

The Participant Needs an Accommodation for A Disability Yes No *(If Yes, explain)*

____

CONTINUED BENEFITS

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

The Participant **DOES** want to keep getting benefits during the Appeal

The Participant **DOES NOT** want to keep getting benefits during the Appeal

NOTE: Advise the participant of the following: When none of the options for continued benefits are selected, benefits may continue automatically. The client may be required to pay back any amount they are not eligible for.

I as the Department Representative, attest that I have read and reviewed all of the information listed above with

____

Worker's D-Number ____________ Date ____________

See reverse for USDA/EOE/ADA disclosures

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.

This institution is an equal opportunity provider.

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