

EBT TRANSACTION ADJUSTMENT HEARING REQUEST

See page 2 for your appeal rights and information on how to file an appeal

CLIENT INFORMATION

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

HEAplus Application ID: _____ AZTECS Case Number: _____

Address (*No., Street*): _____

City: _____ State: _____ ZIP Code: _____

Phone Number (*Include Area Code*): _____

I WANT TO FILE AN EBT TRANSACTION ADJUSTMENT APPEAL FOR THE FOLLOWING PROGRAM:

Cash Assistance Programs Nutrition Assistance

I WANT TO APPEAL BECAUSE I DO NOT AGREE WITH:

The reason I do not agree with your decision:

Date of the notice I do not agree with: _____

I want my hearing by: Telephone In person at (*Select a location below*):
Phoenix Tucson

NOTE: When an option is not selected, the hearing will be held by telephone.

I need an interpreter: Yes No (*If Yes what language*) _____

I need an accommodation for a disability: Yes No (*If Yes, explain*) _____

Name (*Print or Type*): _____

Signature _____ Date _____

The Adjustment will be made if the appeal is not filed within 15 days from the date of the notice.

The USDA is an equal opportunity provider and employer • 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 the Family Assistance Administration; 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.

YOUR APPEAL RIGHTS

DES must send you a letter when a decision is made on your case. An appeal is a request for a hearing. A hearing is your chance to explain your case to a judge who will decide if DES made the right decision.

You have the right to:

- Appeal any decision we made that you do not agree with.
- Appeal a decision we do not make on time.
- Ask for a pre-hearing meeting with DES to discuss your case.
- Ask to review your DES case file by contacting a FAA office.
- Get a copy of the law, rule or policy that we used in your decision.
- Present testimony and evidence at the hearing to support your case.
- Bring a representative or lawyer to the hearing.

What happens when you file an appeal?

- We will send you a notice asking you to contact us for a pre-hearing meeting with DES. This meeting is to see if we may be able to fix the problem. This meeting is optional for you.
- If the problem cannot be fixed, the DES Office of Appeals will send you a notice telling you the date and time of your hearing.

What programs can you appeal?

EBT Transaction Adjustment for Cash Assistance Programs (Cash Assistance, Two-Parent Employment Program, Tuberculosis Control, Grant Diversion, Tribal TANF, and Refugee) and Nutrition Assistance.

How do you file an appeal?

- A. Fill out this form and turn in the Completed form by:
 - Faxing: The Appeals Processing Unit (APU) at 602-257-7058 or
 - You can mail the form to: Department of Economic Security – Appeals
P.O. Box 1009, Phoenix, AZ 85005-9009
- B. Provide a written statement. This statement should include your name, case number or social security number, address, and phone number, the date of the letter you are appealing, and the reason you do not agree with the decision.
- C. To file a Verbal Appeal Request please call:
Appeals Processing Unit (APU):
Phone: 602-774-9279

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
- 90 days from the date on the decision notice for Nutrition Assistance