ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Family Assistance Administration

APPEAL REQUEST

FAA Workers: Complete the following ONLY if the Participant wants an Appeal

Local Office Use Only
Case Name:
Case NO:
Mail Drop:
Date Received:

CUSTOMER INFORMATION

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

SOC SEC NO _____ Case No _____

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 3 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 : _____

See page 2 for EOE/ADA/LEP/GINA 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.

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 www.azdes.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.