

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Family Assistance Administration
FAIR HEARING REQUEST

Local Office Use Only
Case Name:
Case No.:
Site Code:
Date Received:

Complete the following ONLY if you want a Fair Hearing

Customer Information

NAME (Last, First)	SOC. SEC. NO.	CASE NO.
ADDRESS (No., Street, City, State, ZIP)		PHONE NO. (Include area code)

I Want a Fair Hearing for the following program(s): (Check Box)

Cash Assistance
 Nutrition Assistance
 AHCCCS Health Insurance
 Tuberculosis Control

I Want a Fair Hearing because I do not agree with: (Check Box)

End of Benefits
 Amount of Benefits
 Denial of Application
 Overpayment

Other (Explain):

REASON(S) WHY I DISAGREE WITH YOUR DECISION:

DATE OF NOTICE I DO NOT AGREE WITH	I NEED AN INTERPRETER <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, what language?):
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I NEED AN ACCOMMODATION FOR A DISABILITY

Yes No (If yes, explain):

IMPORTANT: Read your Fair Hearing Rights on the back of this form before filling out this section.

Check one of the boxes below if the benefits you get now are being cut or stopped.

I **DO** want to keep getting benefits during my Fair Hearing.
 I **DO NOT** want to keep getting benefits during my Fair Hearing.

NAME (Print or type)	SIGNATURE	DATE
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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 FAIR HEARING RIGHTS

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

- Ask for a Fair Hearing if you do not agree with the decision we made.
- Ask for a Fair hearing if we have not made a timely decision.
- Ask for a pre-hearing 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 Fair Hearing to support your case
- Bring a representative or lawyer to the Fair Hearing

What happens after you ask for a Fair Hearing?

- 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 Fair Hearing.

What programs can you ask for a Fair Hearing?

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

How do you ask for a Fair Hearing?

- You can get a Fair Hearing Request form at the local DES office or on the internet at www.azdes.gov
- Give the local DES office your completed Fair Hearing 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 a Fair Hearing 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 a Fair Hearing. The address and phone number of your local DES office is on your decision notice.
- healtharizonaplus.gov

What is the deadline to ask for a Fair Hearing?

You must ask for a Fair Hearing 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 a Fair Hearing?

You may keep getting benefits if you ask for a Fair Hearing before the effective date of the decision you do not agree with.

But, you cannot keep getting benefits while you wait for a Fair Hearing 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 a Fair Hearing if you do not go to your Fair Hearing, you withdraw your Fair Hearing request, or the judge decides that DES was correct.

Equal Opportunity Employer/Program • 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. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. 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.