

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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USDA is an equal opportunity provider and employer.

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish).

Persons with disabilities who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

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 manager; 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.