

ADVANCE NOTICE

THIS IS TO NOTIFY YOU THAT THIS OFFICE HAS DECIDED TO

☐ **REDUCE** ☐ **DISCONTINUE** ☐ **SUSPEND**
YOUR BENEFIT SHOWN BELOW

BENEFIT	BEGINNING	FROM	TO	BENEFIT	BEGINNING	TYPE
ASSISTANCE CHECK		\$	\$	SOCIAL SERVICES		
FOOD STAMPS		\$	\$	MEDICAL ASSISTANCE		
NURSING HOME CARE						
☐ Your level of care has been changed				OTHER (Specify)		
☐ Your patient pay amount was changed		\$	\$			

WE PLAN TO TAKE THIS ACTION BECAUSE OF THE FOLLOWING FACTS AND REGULATIONS

Regulation

Reason Code

THE FOLLOWING ITEMS WERE TAKEN INTO CONSIDERATION IN DETERMINING THE AMOUNT OF YOUR BENEFITS

☐ FOOD STAMPS				☐ ASSISTANCE CHECK			
Name		GROSS MONTHLY EARNED INCOME		Name		GROSS MONTHLY EARNED INCOME	
		\$				\$	
		\$				\$	
		\$				\$	
Name		GROSS MONTHLY UNEARNED INCOME		Name		GROSS MONTHLY UNEARNED INCOME	
		\$				\$	
		\$				\$	
		\$				\$	
TOTAL GROSS MONTHLY INCOME		\$		TOTAL GROSS MONTHLY INCOME		\$	
GROSS MONTHLY DEPENDENT CARE COSTS		\$		GROSS MONTHLY DEPENDENT CARE COSTS		\$	
GROSS MEDICAL COSTS		\$					
Telephone		Water/Sewage					
Electric		Garbage/Trash					
Gas		Utility Installation					
Oil		Other					
GROSS UTILITY COSTS/UTILITY STANDARD*		\$					
RENT/MORTGAGE		\$					
TAXES		\$					
INSURANCE COST ON HOME		\$					
TOTAL SHELTER COST		\$					
				TOTAL GROSS MONTHLY INCOME		\$	
				NET MONTHLY INCOME/NET SEMI-ANNUAL INCOME		\$	
				INCOME LIMIT		\$	

COMMENTS:

Worker's Signature			Mailing Date		Telephone Number
CO	RECORD NUMBER	CAT	CTR DIG	DIST	

APPEAL AND FAIR HEARING

If you disagree with our decision, you have the right to appeal. See reverse for a complete explanation of your right to appeal and to a fair hearing.

If your oral request for a hearing is received in the County Assistance Office or your written request is postmarked or received on or before your assistance will continue pending the hearing decision, except when the change is due to State or Federal Law.

☐ Check here if you do not want your food stamps to continue at the current amount pending the hearing decision.

LEGAL HELP IS AVAILABLE AT

If you do not request a hearing before the date shown above, we will assume that our facts are correct and the proposed action will be taken. If you do not understand our decision or have any questions, contact your worker.

☐ **CLIENT**

☐ **APPEAL COPY**

☐ **CASE RECORD COPY**

YOUR RIGHT TO APPEAL AND TO A FAIR HEARING

You have the right to appeal any Departmental action or failure to act and to have a hearing if you are dissatisfied with any decision to refuse, discontinue, change, suspend, or reduce assistance or food stamps. However, if a change in your **ASSISTANCE CHECK, SOCIAL SERVICES, or MEDICAL ASSISTANCE** is caused by State or Federal law requiring mass grant adjustment for classes of recipients, you will not be granted a hearing unless you are appealing the correctness of your grant computation. If you are only challenging the law, your appeal will be dismissed by the Department but may be appealed to a higher court.

At the hearing you can present to the Hearing Officer the reasons why you think the decision of the County Assistance Office is incorrect and present evidence or witnesses in your own behalf. You have the right to represent yourself or to have anyone represent you. A staff member of the County Assistance Office will refer you for free legal help upon request.

If you need an interpreter at the hearing because you do not speak English or you have limited understanding of English, or you have a hearing impairment, the Department will arrange for an official interpreter at no cost to you. You may bring a friend or relative to assist you at the hearing, but the interpreter provided by the Department will be the official interpreter. **If you require any reasonable or special accommodation because of a hearing impairment (or other disability), the necessary arrangements will be made to provide the accommodation.** You must make the request for an interpreter or other accommodation in advance of the hearing.

If you and your representative would like to meet with County Assistance Office staff to discuss the matter informally or to present information which might change the proposed action, please call your worker. This will not delay or replace your fair hearing.

If the decision affects your **ASSISTANCE CHECK, SOCIAL SERVICES, or MEDICAL ASSISTANCE**, your request for a hearing must be postmarked or received within **30 days** of the mailing date of this notice. If your oral or written request is postmarked or received within **10 days** of the mailing date of this notice, your benefits will continue pending the outcome of the hearing. If your benefits are continued and the decision is in favor of the County Assistance Office, any assistance you received from the date the action would have been effective to the date the hearing order is implemented must be paid back to the Department. If your request is not postmarked or received within the **30-day** time limit, your appeal will be dismissed without a hearing.

If this decision affects your **FOOD STAMPS**, your request for a hearing must be postmarked or received within **90 days** from the beginning date of the change of the benefits. If your oral or written request is postmarked or received within **10 days** of the mailing date of this notice, your food stamps will continue at the current amount pending the hearing decision or the end of your eligibility period, whichever comes first. If you do not want your food stamps to continue at the current amount, check the box on the reverse side. If your food stamps are continued and the decision is in favor of the County Assistance Office, the value of the extra food stamps you received must be paid back to the Department. If your request is not postmarked or received within the **90-day** time limit, your appeal will be dismissed without a hearing.

HOW TO REQUEST A FAIR HEARING

To appeal and request a hearing for **ASSISTANCE CHECKS, MEDICAL ASSISTANCE, or SOCIAL SERVICES**, you may call your worker, but you must also put the appeal in writing as follows:

- (1) Fill out and sign one copy of this form.
Give the reason for your appeal; **and**
Give your telephone number; **and**
Give your exact address; **and**
- (2) Mail or take this form to the CAO at the address on the front side of this form.

To appeal and request a hearing for **FOOD STAMPS** you may call your worker; or put the appeal in writing; or do both. If you put the appeal in writing, follow the instructions above.

HOW TO CHOOSE WHICH TYPE OF HEARING YOU WANT

The Bureau of Hearings and Appeals will hold a hearing for you either over the telephone or face-to-face. You may choose which type you want. If you do not have a telephone in your home and cannot get to one (for example, friend or relative's telephone) you may go to the telephone hearing at your local County Assistance Office. If you do not want a telephone hearing, a face-to-face hearing will be scheduled for you in the city indicated for your county. Please check one of the boxes below to show which type of hearing you want.

- ☐ I want a telephone hearing.
☐ I want a face-to-face hearing.

Check if you need an interpreter

☐

What language? _____

I WANT TO REQUEST A HEARING BECAUSE:

DATE	CLIENT REPRESENTATIVE SIGNATURE	TELEPHONE #	DATE	CLIENT SIGNATURE	TELEPHONE #
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CLIENT ADDRESS

HEARING LOCATIONS

PHILADELPHIA FOR:	Bucks, Chester, Delaware, Montgomery, Philadelphia.
PITTSBURGH FOR:	Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Fayette, Forest, Greene, Indiana, Jefferson, Lawrence, McKean, Mercer, Potter, Somerset, Venango, Warren, Washington, Westmoreland.
HARRISBURG FOR:	Adams, Berks, Centre, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Lycoming, Mifflin, Montour, Northampton, Northumberland, Perry, Schuylkill, Snyder, Union, York, Lehigh.
PLYMOUTH FOR:	Bradford, Clinton, Lackawanna, Monroe, Sullivan, Tioga, Wyoming, Carbon, Columbia, Luzerne, Pike, Susquehanna, Wayne.