

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**, you must request a hearing within **30 days** of the date of this notice. **If your oral or written request is postmarked or received within 10 days of this notice and the decrease or closing of your case was caused by information you gave us on a Semiannual Reporting Form, your benefits will be reinstated 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**, you must request a hearing within **90 days** from the beginning date of the change of the benefit. 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 #
------	---------------------------------	-------------	------	------------------	-------------

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.