

**(Name of County) County Assistance Office**

**CAO Address 1**

**CAO Address 2**

**CAO Address 3**

**City State Zip Code**

**CAO Telephone Number**

**CAO Fax Number**

**(Date)**

**Appellant or Representative Name**

**Appellant or Representative Address 1**

**Appellant or Representative Address 2**

**City State Zip Code**

**Re: Appellant Name**

**Case Record Number - Appeal Number**

**Notice Form, Date, ID #**

**PLEASE READ THIS IMPORTANT LETTER**  
**YOU MIGHT BE ABLE TO GET BENEFITS SOONER**

Mr./Ms.....

The County Assistance Office (CAO) received your appeal and your request to have a review (hearing) on the decision on your Type of Benefits and/or Action.

The Bureau of Hearing and Appeals (BHA) will schedule a hearing on your appeal with an Administrative Law Judge. You will receive a notice from BHA that tells you the time and date for the hearing.

You are encouraged to meet with a supervisor or manager at the CAO before the hearing to discuss reasons why you disagree with the decision.

Meeting with the CAO supervisor or manager gives you the chance to:

- Provide the CAO with new information or copies of documents that may change the decision
- Talk about the decision with a CAO staff person other than your caseworker
- Explain why you think the decision is wrong
- Review the reasons the CAO used to make the decision

If you present information that changes the CAO's decision, benefits may be authorized or returned to you.

Even if you meet with the CAO supervisor or manager, you still have the right to have a hearing with the BHA.

If you would like to meet with a CAO supervisor or manager before the hearing:

- Please complete and return the second page of this letter and mail it to the address listed above, OR
- Call the telephone number listed at the top of this page.

**PRE HEARING CONFERENCE REQUEST FORM**

Name of Appellant:

Case Record Number:

Appeal No.:

Name of Representative if Applicable:

\_\_\_\_\_ I would like to discuss my appeal with the CAO supervisor or manager before my hearing.

Please call me at: \_\_\_\_\_ (telephone number).

\_\_\_\_\_ I do not want to meet with the CAO supervisor or manager before my hearing.

\_\_\_\_\_ I withdraw my appeal. The issue I appealed has been worked out. I no longer need the hearing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number