	CONFIRM	IING NOT	ICE						
THIS IS TO NOTIFY YOU	THAT THIS	OFFICE HA	AS TAKEN AC	CTION TO:					
		<u> </u>							
YOUR BENEFIT SHO	STOP)W							
BENEFIT		EGINNING	FROM	ТО	BENEFIT OF THE PROPERTY OF THE		BEGINNING	TYPE	i
ASSISTANCE CHECK	K		\$	\$	SOCIAL SERVICES				
FOOD STAMPS	DE		\$	\$	MED	ICAL ASSISTANCE			
NURSING HOME CA					- CTU	ED (C===:f-:)			
Your level of care has been changed Your patient pay amount was changed			•		- OTHI	ER (Specify)			
Your patient pay amo	ount was cn	anged	\$	\$	JL				
PERSONS LISTED BELO	OW ARE NO	LONGER	ELIGIBLE						
LINE NAME			LINE NO.		NAME	NAME LINE NO.		NAME	
NO.	TO WILL		NO.	IVAVIL		NO.	TOWNE		
THIS ACTION HAS BEEN T	TAKEN BEC	AUSE OF T	HE FOLLOWI	NG FACTS A	ND REGULAT	IONS Regulation	Reason	n Code	
THE FOLLOWIN	IG ITEMS	WERE TAK	(EN INTO C	ONSIDERA	TION IN DET	TERMINING THE AM	OUNT OF YO	UR BENEFIT	S
FOOD STAMPS		Number	of Persons	•	☐ ASS	ISTANCE CHECK	Number of		
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GROSS MEDICAL COSTS			\$		0.1.000			ΙΨ	
Telephone		Water/Sewa			MED	ICAL ASSISTANCE	Number of	f Persons	
Electric		Garbage/Tra	<u> </u>			Name		GROSS MI EARNED I	ONTHLY
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Oil		Other	ation					\$	- \//////
GROSS UTILITY COSTS/	 		¢					\$	- \//////
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TAXES	OME		\$	- \///////	 			\$	- \//////
INSURANCE COST ON H	IOME		\$	<u> </u>	 			\$	<i>-\//////</i>
TOTAL SHELTER COST			\$		l		_	\$	<u> </u>
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If you do not understand our decision or have any questions, contact your worker.

□ CLIENT

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

PITTSBURGH FOR:

HARRISBURG FOR:

PLYMOUTH FOR:

(2) Mail or take this form to the CAO at the address on the

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

	side of this form.		want.									
	request a hearing for FOOD STAMPS			I want a telephone hearing.								
	the appeal in writing; or do both. If yo he instructions above.	ou put the appeal in		I want a face-to-face hearing.								
check if you ne	eed an interpreter											
Vhat language?												
WANT TO REQUEST A HEARING BECAUSE:												
DATE	CLIENT REPRESENTATIVE SIGNATURE	TELEPHONE #	DATE	CLIENT SIGNATURE	TELEPHONE #							
CLIENT ADDRE	ESS											
		LIEADING	OCATIONS									
		HEARING L	LOCATIONS									
PHILADELPHIA FOR: Bucks, Chester, Delaware, Montgomery, Philadelphia.												

Montour, Northampton, Northumberland, Perry, Schuvlkill, Snyder, Union, York, Lehigh,

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.

Adams, Berks, Centre, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Lycoming, Mifflin,

Bradford, Clinton, Lackawanna, Monroe, Sullivan, Tioga, Wyoming, Carbon, Columbia, Luzerne, Pike, Susquehanna, Wayne.

□ CLIENT □ APPEAL COPY

□ CASE RECORD COPY

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