

# REQUEST FOR HEARING

Fill out this form **ONLY** if you disagree with a decision concerning your benefits.

If you disagree with the action of the local department, you are entitled to discuss it with a supervisor.

We will help you fill out this form or you can ask for a hearing by calling 1-800-332-6347.

**1. Tell us who you are.** Fill in the blanks in this box and complete boxes 2-4. Please print clearly.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Your local office name: \_\_\_\_\_ Last 4 numbers of your Social Security Number \_\_\_\_\_

**2. Which programs do you want to appeal?** (Check all that apply)

**Medical Assistance (MA)**

\_\_\_\_ Community MA

\_\_\_\_ Long Term Care MA

Your Representative's Name: \_\_\_\_\_

\_\_\_\_ Maryland Children's Health Program (MCHP)

Parent or Guardian's Name: \_\_\_\_\_

\_\_\_\_ I receive other benefits

\_\_\_\_ I do not receive any other benefits

\_\_\_\_ Qualified Medical Beneficiary (QMB/SLMB)

\_\_\_\_ Other \_\_\_\_\_

**Family Investment/Social Services Programs**

\_\_\_\_ Temporary Cash Assistance (TCA)

\_\_\_\_ Food Supplement Program (FS)

\_\_\_\_ Child Care Subsidy (CCS)

\_\_\_\_ Temporary Disability Assistance Program (TDAP)

\_\_\_\_ Foster Care (FC) and/or Adoptions

\_\_\_\_ Emergency Assistance (EA)

\_\_\_\_ Public Assistance to Adults (PAA)

\_\_\_\_ Overpayment of TCA

\_\_\_\_ Overissuance of Food Supplement

\_\_\_\_ Other \_\_\_\_\_

**3. What are the reasons you want a hearing?**

\_\_\_\_ I was not allowed to apply.

\_\_\_\_ My application was turned down.

\_\_\_\_ My application was not handled properly.

\_\_\_\_ I am not receiving the services that I need.

\_\_\_\_ The amount of assistance I receive is wrong.

\_\_\_\_ My assistance has been incorrectly suspended, reduced, or terminated.

\_\_\_\_ I do not agree that I should pay back assistance I received.

If you received a notice about this, what is the date on the notice? \_\_\_\_\_

Why do you want a hearing? Please tell us what happened. \_\_\_\_\_

**4. I understand if I ask for a hearing within 10 days from the date of the notice and I was receiving benefits, I can still get them while I wait for my hearing unless my benefits period ends. I may have to pay back the benefits if I lose my appeal.**

Check here if you do **not** want benefits while you wait for your hearing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FOR AGENCY USE ONLY**

Department: \_\_\_\_\_ Local Office: \_\_\_\_\_ Date Appeal Received: \_\_\_\_\_

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Appeal based on notice sent: \_\_\_\_\_ Effective: \_\_\_\_\_ Conference held? Y \_\_\_\_\_ N \_\_\_\_\_

Benefits pending? Y \_\_\_\_\_ N \_\_\_\_\_ Reason: \_\_\_\_\_

Case record attached? Y \_\_\_\_\_ N \_\_\_\_\_ Reason: \_\_\_\_\_

Worker: \_\_\_\_\_ Supervisor's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR APPEAL UNIT USE ONLY**

Appeal Rep: \_\_\_\_\_ Date: \_\_\_\_\_

Category: \_\_\_\_\_ Transmitted by: \_\_\_\_\_

Office of Administrative Hearings  
Administrative Law Building  
11101 Gilroy Road  
Hunt Valley, MD 21031-1301

## HOW TO HAVE A HEARING IF YOU THINK WE ARE WRONG

### ➤ **How do I request a hearing?**

**Fill out the form** on the front of this page.

**You can:**

**Mail ,Fax or take the form** to your local social services office **OR,**

**Mail the form** to the Office of Administrative Hearings at the address above,

- Use the enclosed envelope.
- Make sure the address at the top of this page shows through the envelope window.

### **If you don't want to fill out the form**

Go to your local social services office. Someone there will help you.

Call your case manager or call DHR at 1-800-332-6347 for other information.

### ➤ **How long do I have to request a hearing?**

You must ask for a hearing no later than **90 days** after the date of the notice.

### ➤ **Can I still get my benefits while I wait for my hearing?**

If you ask for a hearing no later than **10 days** after the date of the notice and you were getting benefits, you can get your benefits while you wait, unless your benefit period ends. Then we may not be able to send you benefits until after the hearing decision is received.

### ➤ **Will I owe any money if I get my benefits while I wait?**

If the judge agrees with the decision we made ,you may have to pay back benefits you received.

### ➤ **When and where will the hearing be?**

The Office of Administrative Hearings will send you a notice telling you the time and place of your hearing.

### ➤ **Do I have to come to the hearing?**

The hearing may be dismissed if you do not come to it. If you can't come, call the Office of Administrative Hearings and they will let you know how to reschedule your hearing.

### ➤ **Can I bring someone to help me or speak for me?**

You can bring a lawyer, friend or relative. If you want free legal help, call your local social services office or call Legal Aid at 1-800-999-8904.

### ➤ **How can I prepare for the hearing?**

We will send you information with our reasons for the decision we made at least 6 days before the hearing. You can see your file, including your computer file, at your local office. We will talk to you about this decision. You will need to call to make an appointment to see your file and to talk to a supervisor.

**Si necesita ayuda para llenar el formulario favor de llamar al 1-800-332-6347.**