

# 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: \_\_\_\_\_ 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 Stamps (FS)  
\_\_\_\_ Purchase of Care (POC – Child Care)  
\_\_\_\_ Transitional Emergency Medical  
and Housing Assistance (TEMHA)  
\_\_\_\_ Foster Care (FC) and/or Adoptions  
\_\_\_\_ Emergency Assistance (EA)  
\_\_\_\_ Public Assistance to Adults (PAA)  
\_\_\_\_ Overpayment of TCA  
\_\_\_\_ Overissuance of Food Stamps  
\_\_\_\_ Other \_\_\_\_\_

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

- |                                                  |                                                                              |
|--------------------------------------------------|------------------------------------------------------------------------------|
| ___ I was not allowed to apply.                  | ___ The amount of assistance I receive is wrong.                             |
| ___ My application was turned down.              | ___ My assistance has been incorrectly<br>suspended, reduced, or terminated. |
| ___ My application was not handled properly.     | ___ I do not agree that I should pay back assistance<br>I received.          |
| ___ I am not receiving the services that I need. |                                                                              |

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

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

➤ **How do I request a hearing?**

Use the form on the back of this page.

**Bring the form** to your local office

The name of your local office is in the upper right corner of the notice.

**OR, mail the form** to the Office of Administrative Hearings.

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**

Come to your local office. We will help you.

Call your case manager or call 1-800-332-6347.

➤ **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.

➤ **How 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.

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

Yes, if the judge agrees with us and you lose your appeal, you may have to pay back benefits.

➤ **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?**

Yes, you will lose if you do not come. 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 office or call Legal Aid at 1-800-999-8904.

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

You can see your file, including your computer file, at your local office and talk with us about this decision. Please call to make an appointment. We will send you our reasons for the decision you are appealing at least 6 days before the hearing.

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