

Ohio Department of Job and Family Services
STATE HEARING SCHEDULING NOTICE

Mailing Date: Assistance Group Name: County:
Request Date: Assistance Group Number: Appeal Number:
Program:

We received your request for a state hearing. **Your hearing has been scheduled for:**

PLACE OF HEARING	DATE OF HEARING
	TIME OF HEARING

Copies of this notice have been sent to the appellant, the appellant's representative, if any, and the agency.

If you no longer want a hearing, or can't come to the hearing as scheduled, let us know right away. If you do not show up for your hearing, your case will be dismissed. Call the district hearing section at 1-866-ODJFS 4 U (1-866-635-3748) if you have questions about this hearing.

Below is an explanation of the state hearing procedures:

What is a State Hearing?

If you think there has been a mistake or delay on your case, you may want to ask for a state hearing. You can ask for a hearing about actions by either the State Department of Job and Family Services or the local agency. Local agencies include the County Department of Job and Family Services (CDJFS), the County Child Support Enforcement Agency (CSEA), and agencies under contract with them. A state hearing is a meeting with you, someone from the local agency, and a hearing officer from the Ohio Department of Job and Family Services (ODJFS). The person from the local agency will explain the action it has taken or wants to take on your case. Then you will have a chance to tell why you think it is wrong. The hearing officer will listen to you and to the local agency, and may ask questions to help bring out all the facts. The hearing officer will review the facts presented at the hearing, and recommend a decision based on whether or not the rules were correctly followed in your case.

KEEP READING >>>

Reason and Regulations Supporting this Action:

The reasons for this proposed action are:

The rules which require this action are:

If you do not understand this proposed action or you want to talk to your caseworker about it, you may call:

Caseworker	District/ID	Telephone Number
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Your Right to a State Hearing

This notice is to tell you about action we are taking on your case. If you do not understand this action, you should contact your caseworker. After discussing the reasons for the action with your caseworker, it is possible that we will change our decision or that you will agree with the action.

If you do not agree with this action, you have a right to a state hearing. A state hearing lets you or your representative (lawyer, welfare rights worker, friend or relative) give your reasons against the action. We will also attend or be represented at the hearing to present our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

If you want a hearing we must receive your hearing request within 90 days of the mailing date of this notice. You do not need to return this form if you agree with the action.

If we receive your request by _____, the action will not be taken until the state hearing is decided. If you lose your hearing, you may have to pay back benefits that you were not eligible to receive.

If someone else makes a written hearing request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

If you want information on free legal services, but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association, toll free, at 1-800-589-5888, for the local number.

If you want a hearing, sign your name, and send this form to the Ohio Department of Job and Family Services, Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.

I want a county conference and a state hearing on this action.

I want a state hearing only.

Waiver of Continuing Benefits (Food Stamps Only)

I agree to let the county department of job and family services go ahead with the food stamp action(s) now, even though I have requested a hearing.

I want a hearing.

Signature	Date	Telephone Number
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Ohio Department of Job and Family Services
APPEAL SUMMARY

Information contained in this Appeal Summary is provided with the knowledge that it will be used in reaching a decision on the issue raised in the appeal and will be made available to the appellant and the appellant's authorized representative.

Instructions: Complete all applicable sections of this summary and attach all documentation supporting the action. Documentation should include 1) A complete description of the facts and circumstances upon which the local agency action was passed; 2) Copies of all relevant verification; 3) Copies of all relevant correspondence, including hearing notices; 4) A copy of the assistance budget or case plan being appealed as well as a copy of the former assistance budget or case plan and 5) A report of all assistance and services continued pending the state hearing.

Section I. Identifying information

Appellant's Full Name	Assistance Group Name
Street Address	Assistance Group Number
City, State, Zip Code	Program
Telephone Number (include area code)	County

Section II. Public Assistance/Services/Child Support

<input type="checkbox"/> Denial	Program	Effective Date	
<input type="checkbox"/> Reduction	Program	Effective Date	Amount From \$ To \$
<input type="checkbox"/> Termination	Program	Effective Date	Previous Amount
<input type="checkbox"/> Suspension	Program	Effective Date	Previous Amount
<input type="checkbox"/> Other	Specify Program and Action		

Section III. Food Stamps

Type of Program	<input type="checkbox"/> Non-PA <input type="checkbox"/> PA	Certification Period Under Appeal	From	To
Type of Action ..	<input type="checkbox"/> Denial <input type="checkbox"/> Change	Change in Allotment	From \$	To \$

Section IV. Basis For Action

Reason for the Action
Regulations that Support the Action

Section V. Additional Information

Was prior notice sent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has proposed action been taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, attach a copy and give date mailed	Date	If yes, give date action effective	Date
Hearing request received	Date	If no, give amount of continuing assistance	\$
Prepared By	Title	Telephone Number	Date

Ohio Department of Job and Family Services
STATE HEARING REQUEST

Complete in duplicate.

Name of Appellant (<i>Last, First, Middle</i>)	Assistance Group Number (<i>if known</i>) Or Social Security Number
Street Address	Program
City, State and Zip Code	County
Date of Action Appealed	Date Notice Issued

This appeal is in relation to the action (or lack of action) by the _____
I want a hearing because: _____
(name of local agency)

Signature	Telephone Number	Date
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We must receive your request for a state hearing with 90 calendar days from the mailing date of the notice of the agency's action. If someone else makes a written hearing request for you, it must include a written statement, signed by you, telling us that person is your representative.
Note: The preceding also applies to medical assistance providers. Therefore, hearing requests cannot be accepted from medical providers unless accompanied by the individual's written authorization.

Distribution: Original to the Ohio Department of Job and Family Services, Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825, one copy to local agency.

STATE HEARING REQUEST

Date:

Name of Appellant (Last, First, Middle)	Assistance Group Number (if known) or Social Security Number
Street Address	Program
City, State and Zip Code	County of residence County of Jurisdiction
Phone Number	Date Noticed Issued

This appeal is in relation to the action (or lack of action) by the _____
(name of local agency)

I want a hearing because:

If this request is from someone other than the appellant:

Name
Relationship to Appellant
Phone Number

Note: The preceding also applies to medical assistance providers. Therefore, hearing requests cannot be accepted from medical providers unless accompanied by the individual's written authorization.

Ohio Department of Job and Family Services
NOTICE OF DENIAL OF YOUR APPLICATION FOR ASSISTANCE
(Do not use to deny Food Stamp benefits, or to terminate cash or medical assistance)

Name	Assistance Group		
Street Address	Case Number	Program	
City, State, and Zip Code	County	Mailing Date	

We denied your _____ application dated _____

The people affected by this action are _____

The reason for this action is _____

The rules that require this action are _____

Caseworker	Worker I.D.	Telephone Number
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Your Right to a State Hearing

This notice tells you what we are doing on your case.

Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

Ask for a State Hearing if you want to appeal

Ask for a State Hearing if you disagree with what we are doing or think we are making a mistake. At the state hearing, you can explain your reasons. We will explain our reasons. A hearing officer from the Ohio Department of Job and Family Services will make a decision after the hearing.

We must receive your request for a State Hearing by this deadline _____.

(Note: The deadline is 90 days after the Mailing Date at the top of this page. If a deadline falls on a Saturday, Sunday, or state or federal legal holiday, then the deadline is extended to the next workday.)

Follow the instructions on page 2 of this notice if you want to ask for a State Hearing.

Someone else may help you (a lawyer, social worker, friend, relative, etc.). They may ask for a hearing and go to the hearing for you if they send us your signed authorization.

You can ask your local Legal Aid program for free help with your case. Call the Ohio State Legal Services Association at 1-800-589-5888 (a free call) if you need your local phone number.

AG Name	Case Number	Mailing Date
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State Hearing Request

If you disagree with what we are doing or think we are making a mistake, you may use this form to ask for a State Hearing.

Step 1 If you would like to ask for a State Hearing, read, sign, date and fill in your phone number. Another person may sign this for you if they send us your signed authorization.

I want a State Hearing because I disagree with what you are doing or think you are making a mistake on my case.

Sign	Date	Phone
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Step 2 Optional -- You may check boxes and fill in blanks to help us schedule your State Hearing.

- I want a State Hearing about:
 - Checks or cash assistance (*OWF, DFA, RSS, Refugee Cash Assistance, etc.*)
 - Medical coverage (*Medicaid, Disability Medical, Alien Emergency Medical, Refugee Medical, etc.*)
 - Other benefits (*PRC, Child Care, Child Support, Work Allowance, etc.*) _____
- I want a State Hearing because _____
- I need an interpreter, a signer, or other assistance, at my State Hearing (*explain*) _____
- The days/times I cannot come to a State Hearing are _____
- I also want a County Conference (*a meeting with County Department of Job & Family Services staff*)
- This person has agreed to help me with my State Hearing (*my "authorized representative"*):

Name	Phone
Address	Fax
City, State and Zip Code	E-mail

Step 3 You must choose one of the following ways to send this State Hearing request to us. We must receive this request by the deadline on previous page of this notice. You should keep proof of when and how you sent this hearing request to us.

- **Mail** -- Mail both pages of this notice to ODJFS Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.
- **Fax** -- Fax both pages of this notice to ODJFS Bureau of State Hearings at (614) 728-9574.
- **E-mail** -- E-mail the ODJFS Bureau of State Hearings at < bsh@jfs.ohio.gov >. In the subject, put "State Hearing Request." In the message, put all the information from the boxes at the top of this page and from Steps 1 and 2.
- **Phone** -- Phone the ODJFS Consumer Access Line at 1-866-635-3748. Follow the instructions for State Hearings. Mention this notice.
- **Contact your caseworker** -- It is better to send your request using one of the other methods above. But, you may give this page (completed and signed) to your caseworker. Or, you may phone your caseworker. Mention this notice.