

DISTRICT OF COLUMBIA

OFFICE OF ADMINISTRATIVE HEARINGS

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የህዝብ ጥቅማጥቅሞች ጉዳይ ላይ የአስቸኳይ የክርክር እንዲሰማ (ችሎት) ጥያቄ

በህዝብ ጤና የአስቸኳይ ጊዜ ላይ ብቻ ጥቅም ላይ የሚውል

Medicaid፣ Personal Care Aide (የግል እንክብካቤ እርዳታ)፣ Shelter (መጠለያ)፣

Rental Assistance (የቤት ኪራይ እርዳታ)፣ SNAP፣ TANF።

ጊዜያዊ የአካል ጉዳተኛ እርዳታ፣ የጤና ጥቅማጥቅም ልውውጥ፣ ወይም የነርቢንግ መኖርያ/የቡድን መኖርያ

1. የተጠሪ መረጃ፡

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| ስም፡ _____ | ስም፡ አድራሻ፡ ኤሜይል፡ እና የቤተሰብ አባል ወይም የሌሎች ተወካዮች (ካሉ) የስልክ ቁጥር፡ _____ _____ _____ |
| አድራሻ፡ _____ | |
| ኤሜይል፡ _____ | |
| ስልክ ቁጥር፡ _____ | |
| የMedicaid የመታወቂያ ቁጥር፡ _____ | |

2. Office of Administrative Hearings (OAH) (የአስተዳደር ጉዳዮች ፍርድ ቤት ቢሮ) ጉዳይ ፣

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| የOAH የጉዳይ ቁጥር (የሚታወቅ ከሆነ) ይህ ነው፡ _____ | የተካተቱት ጥቅማጥቅም(ሞች) ምን ዓይነት ናቸው? _____ _____ |
| የኤጀንሲ የጉዳይ ቁጥር (ካለ)፡ _____ | _____ _____ |

3. የጥያቄዎ ምክንያት (ተገቢ የሆኑት ሁሉንም ይምረጡ፣ ካሉ)፡

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| እኔ አሁን የተቋረጠ ጥቅማጥቅሞችን፣ አገልግሎቶችን፣ ወይም የድጎማ ክፍያዎችን አገኝ ነበር። እኔ አሁን የተቀነሱ ጥቅማጥቅሞችን፣ አገልግሎቶችን፣ ወይም የድጎማ ክፍያዎችን አገኝ ነበር። አዲስ የጥቅማጥቅሞች፣ አገልግሎቶች፣ ወይም የድጎማ ክፍያዎች ጥያቄ የውድቅ ተደርገዋል። | ጥቅማጥቅሞቼ፣ አገልግሎቶቼ፣ ወይም የድጎማ ክፍያዎቼ እንዲጨምሩ ያቀረብኩት ጥያቄ ውድቅ ተደርጓል። እኔ ፍትሃዊ ችሎት የጠየቅኩ ቢሆንም ጥቅማጥቅሞቼ፣ አገልግሎቶቼ፣ ወይም የድጎማ ክፍያዎቼ ሊቋረጡ ወይም ደግሞ ሊቀነሱ ነው። እኔ አስቸኳይ የሆነ መጠለያ አፈልጋለሁ። |
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4. እባክዎ አስቸኳይ የክርክር መሰማት (ችሎት) የሚጠይቁበትን ምክንያት ይገለጹ፡

5. ጥያቄውን የሚያቀርበው ተወካይ ስም (ተገቢ ከሆነ) ፣ _____

አማርኛ (Amharic):

አስፈላጊ

ይህ ሰነድ የእርስዎን ህጋዊ መብቶች በተመለከተ ጠቃሚ መረጃዎችን የካተተ ነው። በዚህ ሰነድ ያሉትን መረጃዎች በአፍ መፍቻ ቋንቋዎ ለመረዳት ከፈለጉ ሰነዱን ሙሉ በሙሉ ሊያስተረጉምሎት ወደሚችል ሰው እንዲሄዱ እንጠይቃለን። ለበለጠ እርዳታ - ወይም ይህን ሰነድ ሰው በአማርኛ እንዲያነብሎት ከፈለጉ- ከሰኞ እስከ አርብ (ከፀሐይም - 5 ፕኤም) ክፍት ወደሆነው በ441 4th Street NW, Suite 450 N, Washington, DC, 20001 ወደሚገኘው ሪሶርስ ሰንተራችን (ምንጭ ማዕከል) ይጎብኙ እንላለን። ከዚህ በተጨማሪ በሰልክ ቁጥር 202-442-9094 ሊደውሉልን ይችላሉ። አኤኤች (OAH) አማርኛ የሚናገር ሰራተኛ አለው።

IMPORTANT

This document includes important information regarding your legal rights. If you want to understand the information in this document in your native language, we ask that you contact someone who can completely translate it for you. For more assistance – or if you need someone to read you this document in Amharic – you can visit our Resource Center, located at 441 4th Street NW, Suite 450 N, Washington, DC, 20001, and open from Monday to Friday (9am-5pm). You can also call us at 202-442-9094. OAH has staff that can speak to you in Amharic.

**DISTRICT OF COLUMBIA
OFFICE OF ADMINISTRATIVE HEARINGS**

| | |
|--|-----------------|
| _____ Petitioner v. _____ Respondent(s). | Case No.: _____ |
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ORDER ON REQUEST FOR EMERGENCY HEARING

The Office of Administrative Hearings of the District of Columbia is subject to a Public Health Emergency. Petitioner has filed the attached Request for Emergency Hearing.

The request is **GRANTED**. The Emergency Hearing will be by teleconference. Each party must call in by telephone at the scheduled date and time:

Date: _____ Time: _____

Call-in telephone number: _____

Call-in access code (passcode): _____

Please be prepared to wait on the line for your case to begin. OAH is scheduling many hearings, and you may have to wait for the judge to finish another hearing before starting yours.

The request for an emergency hearing is **DENIED**, without prejudice, because

Petitioner _____ may file another Request for Emergency Hearing with new or additional information.

SO ORDERED, this ____ day of _____, 2020.

Administrative Law Judge

Certificate of Service

By Email:

By Email:

Sheryl Johnson, Esquire
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I hereby certify that on _____, 2020
copies of this document were served upon the
above-named parties at the addresses and by
the means stated.

Clerk/Deputy Clerk