**DISTRICT OF COLUMBIA**
**OFFICE OF ADMINISTRATIVE HEARINGS**
441 4TH STREET, NW, SUITE 450 NORTH
WASHINGTON, DC 20001-2714
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# Request to Appeal a Department of Human Services (DHS) Action

*Use this form if you want a hearing before an Administrative Law Judge because you disagree with a decision, action, or inaction by DHS.* ***Attach a copy of DHS's decision if you have one****.*

## Section 1 – Contact Information

| | |
|---|---|
| Print Your Name: | Your Mailing Address: |
| Your Telephone: | |
| Your Email Address (*if any*):<br><br>☐ I consent to receive documents by email only | Your Ward (*if you know*): |
| *If you have a representative for this case or if you have a case manager (check which apply):*<br>☐ Non-Attorney Representative ☐ Attorney ☐ Case Manager | |
| Name of Representative or Case Manager: | Address of Representative or Case Manager: |
| Telephone: | |
| Email Address:<br><br>☐ Consents to receive documents by email only | Agency (*if any*): |

## Section 2 – Benefits Information

DHS Case No. (if you know): _____

I request a hearing about the following program or programs (*check all that apply*):

☐ Supplemental Nutrition Assistance Program (SNAP); ☐ Expedited SNAP

☐ Temporary Assistance for Needy Families (TANF)

☐ Medicaid (MA) ☐ EPD Waiver Program

Medicaid No. (if you know): _____

☐ Health Benefit Exchange Program

☐ Child Care

☐ General Assistance for Children (GAC)

☐ Program on Work, Employment & Responsibility (POWER)

☐ Interim Disability Assistance (IDA)

☐ Other (explain): _____

_____

## Section 3 – For a SNAP Case Only

I understand that my benefits may remain the same while I wait for a hearing decision, but I may need to **repay** those benefits if I do not get a favorable decision.

☐ By checking this box, I am asking that my benefits be stopped or lowered while I wait for my hearing decision, even if I could choose to keep my benefits the same until the case is decided.

(see reverse)

## Section 4 – Why do you need a hearing?

*Check all the boxes that apply in your case:*

☐ I applied for **new benefits**. I have not received the benefits.

☐ I asked for **increased** benefits. I have not received increased benefits.

☐ I asked for a **specific service**. I have not received the service.

Describe service: _____

☐ I was getting benefits. **My benefits have stopped or are about to stop.**

Date that benefits ended (or will end): _____

☐ I was getting benefits. **My benefits have been reduced or are about to be reduced.**

Date that benefits were reduced (or will be reduced): _____

☐ I am getting benefits. I have asked for my benefits to be **recertified**, but the recertification is **delayed**. The certification period ends on this date: _____

☐ I was told that I received an **overpayment** of benefits. I do not agree.

☐ Other. Please explain: _____

## Section 5 – Language Access

Do you need OAH to provide an interpreter to help you participate in the hearing?

☐ YES ☐ NO

If YES, what language do you need? _____

## Section 6 – Reasonable Accommodation

Do you need a reasonable accommodation to help you participate in the hearing?

☐ YES ☐ NO

If YES, please explain: _____

## Section 7 – Who Prepared the Hearing Request?

Signature of the person who prepared the hearing request (unless the request was by phone):

| _____ | _____ | _____ |
|---|---|---|
| Signature | Print Name | Date |

Email, telephone, mailing address of person who prepared hearing request (if not printed above):

_____

_____



Do not fill out this box. The OAH Clerk's Office will fill it out.

Received by_____ Date:_____