

**Georgia Department of Human Services
DISPOSITION NOTIFICATION
TANF HARDSHIP WAIVER
Division of Family and Children Services**

Client Name:
Case Address:

Case Number:
Worker ID:
Case Worker Telephone:
Date:

PROCEDURES FOR REQUESTING A HEARING ARE ON THE BACK OF THIS FORM

This action is to become effective **FOR FREE LEGAL SERVICES CALL 1-800-745-5717**

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- You have reached the 48-month lifetime limit for Temporary Assistance for Needy Families (TANF).
 - You have been granted a hardship waiver based on the following criterion:
 - Someone in your assistance unit has been or is a victim of domestic violence.
 - Your assistance unit has an active child protective services case and requires continuation of TANF benefits.
 - Someone in your assistance unit is disabled but not SSI eligible.
 - Someone in your assistance unit is needed in the home to care for an incapacitated household member and the care is not available from any source in the community.
 - Someone in your assistance unit participates in a Substance Abuse Program
 - Someone in your assistance unit is Physically/Mentally Incapacitated to Work

 - Your cash assistance will be extended for no more than _____ months,
for the period from _____ through _____ .
 - Your hardship waiver will be reviewed in the last month of your extension period.

REGULATIONS: Economic Support Services Manual, Sections 1390 and 1392.

❖ **IMPORTANT INFORMATION:**

- **Policy** used to determine your eligibility can be found at <http://odis.dhs.ga.gov/General>.
- In accordance with Section 504 of the **Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA)**, the **Department of Human Services (DHS)** provides Reasonable Modifications and Communication Assistance to persons with disabilities. More information can be found at Notice of ADA/Section 504 Rights, at <https://dfcs.georgia.gov/adasection-504-and-civil-rights>.
- If you need help reading or completing this document or need help communicating with us, ask us or call 1-877-423-4746. Our services, including interpreters, are free. If you are deaf, hard-of-hearing, deaf-blind or have difficulty speaking, you can call us at the number above by dialing 711 (Georgia Relay).
- Under the **Department of Human Services (DHS)**, you may file discrimination complaints by contacting your local DFCS office or the DFCS Civil Rights, ADA/Section 504 Coordinator at 47 Trinity Avenue SW, Atlanta, GA 30334, 877-423-4746. For complaints alleging discrimination based on limited English proficiency, contact the DHS Limited English Proficiency and Sensory Impairment Program at 47 Trinity Avenue SW, Atlanta, GA 30334, 877-423-4746 (voice).
- To report SNAP and TANF fraud please contact the Office of Inspector General's (OIG) at 1-877-423-4746.
- **You have the right to ask for a fair hearing** before a state hearings officer if you do not agree with this decision. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing in writing or by contacting the agency within:
 - **30 days** from the date of this notice **for TANF**.

If you wish to continue receiving benefits while waiting for your hearing decision you must request the hearing within **14 days** from the date of this notice. Please understand that benefits may not be continued if your case closed at the end of a certification period or if your application to receive benefits was denied.

Legal Information

You may be able to get legal help at no cost. If you want a lawyer to help you, you may call one of the numbers below.

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| 1. Georgia Legal Services Program
1-800-498-9469
(Statewide legal services, EXCEPT for the counties served by Atlanta Legal Aid) | 2. Office of the State Long-Term Care Ombudsman
Division of Aging Services
47 Trinity Avenue SW,
Atlanta, GA 30334
866-552-4464 |
| 3. Atlanta Legal Aid
404-377-0701 (DeKalb County)
678-407-6469 (Gwinnett County)
770-528-2565 (Cobb County)
404-524-5811 (Fulton County)
404-669-0233 (So Fulton/Clayton County) | 4. Georgia Senior Legal Hotline
1-888-257-9519
(Statewide legal services for elderly persons) |

Where the sole issue involved is one of State policy, group hearings may be conducted 42 C.F.R. § 431.222.



FAIR HEARING REQUEST

-- Complete and return this form if you do not agree with this decision.

Today's Date:	Telephone No. (Where You can be Reached)
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I am requesting a fair hearing for:

- SNAP/Senior SNAP Medical Assistance TANF WIC

By checking this box, I understand I am requesting a fair hearing because I disagree with the decision made on my request for SNAP/Senior SNAP, Medical Assistance, TANF, or WIC. I understand an administrative law judge will listen to the cases presented by both parties and will determine if state and federal law was followed correctly.

Please tell us why you want a fair hearing:

Check the correct box if applicable:

I do not want to continue receiving the benefits I now receive while waiting for the hearing decision.

I want to continue receiving the benefits I now receive while waiting for the decision. **I understand that I will be required to repay the Department of Human Services any overpayment in benefits to which I was not entitled as determined by the hearing official.** I understand that my benefits may not be continued if my case closed at the end of a period of eligibility or if my application to receive benefits was denied.

Signature or Mark of Claimant

Date

Please return this completed form to your County Division of Family and Children Services