			Children Service	Case Number
Client Name:				<u></u>
Case Address:				Case Worker Name
			_	Telephone/Extension
				Date
Vankana				CES CALL 1-800-745-5717
_	eached the 48-month TANF cash assistance	lifetime limit for Temp	porary Assistance	for Needy Families (TANF)
Your		lifetime limit for Temp e will terminate effecti	oorary Assistance	
Your Your	TANF cash assistance	lifetime limit for Temp e will terminate effecti of TANF cash assista	oorary Assistance ive ance because	
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- If your situation changes and you think you might meet one of the hardship waiver criteria, contact your local Division of Family and Children Services (DFCS) office.
- . If your family is in need of other services, contact your local DFCS office for information about other resources available in your community.

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

- \* IMPORTANT INFORMATION:
- Policy used to determine your eligibility can be found at <u>http://odis.dhs.ga.gov/General</u>.
- 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 <a href="https://dfcs.georgia.gov/adasection-504-and-civil-rights">https://dfcs.georgia.gov/adasection-504-and-civil-rights</a>.
- 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:
  - o 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.

- Georgia Legal Services Program 1-800-498-9469 (Statewide legal services, EXCEPT for the counties served by Atlanta Legal Aid)
- 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)
- Office of the State Long-Term Care Ombudsman Division of Aging Services 47 Trinity Avenue SW, Atlanta, GA 30334 866-552-4464
- 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.

 <b>Telephone No.</b> (Where You can be Reached)

I am requesting a fair hearing for:

#### o SNAP/Senior SNAP o Medical Assistance o TANF o 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