

Georgia Department of Human Services
DISPOSITION NOTIFICATION
TANF SANCTIONS
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**

_____ has failed to comply with TANF regulations by failing to _____.

This failure to comply with TANF regulations is resulting in a SANCTION to your cash assistance case.

- The result of this sanction is as follows:

A **first** sanction and a 25% **reduction** in your TANF cash assistance for three full months, _____, _____ and _____.

Your TANF cash assistance is reduced from _____ to _____ effective _____.

A **second** sanction and a **termination** of your TANF cash assistance for three full months.

Your TANF cash assistance is terminated effective _____. You will be ineligible through _____.

A **subsequent** sanction and a 25% **reduction** in your TANF cash assistance for three full months, _____, _____ and _____.

Your TANF cash assistance is reduced from _____ to _____ effective _____.

A **subsequent** sanction and a **termination** of your TANF cash assistance for twelve full months.

Your TANF cash assistance is terminated effective _____. You will be ineligible through _____.

- You may continue to receive Medical Assistance.
- If you think you had a good reason for not complying with TANF regulations, contact your case manager immediately.
- You may avoid the SANCTION at this time if you meet the requirement specified above before _____.

REGULATIONS: Economic Support Services Manual, Section 1351

✦ **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