

FAIR HEARING INFORMATION – Food Stamps, G.A., TANF, Emergency Assistance

REQUEST FOR A HEARING: IF YOU ARE A WFNJ/TANF OR GA CLIENT YOU HAVE A RIGHT TO REQUEST A FAIR HEARING ON ANY ADVERSE ACTION WITHIN 90 DAYS. IF THE ACTION TAKEN ON YOUR PUBLIC ASSISTANCE CASE IS DUE TO A CHANGE IN PUBLIC LAW, A HEARING WILL NOT BE GRANTED UNLESS THE REASON FOR THE REQUEST IS DUE TO AN INCORRECT GRANT COMPUTATION.

CONTINUED, UNREDUCED ASSISTANCE: YOUR WFNJ/TANF OR WFNJ/GA BENEFIT WILL NOT BE TERMINATED OR REDUCED IF YOU REQUEST A HEARING WITHIN 15 DAYS OF THE MAILING DATE OF THE AGENCY'S ADVERSE ACTION NOTICE. HOWEVER THOSE UNREDUCED BENEFITS WILL HAVE TO BE REPAID IF THE FINAL HEARING DECISION SUPPORTS THE COUNTY WELFARE AGENCY. FOOD STAMP BENEFITS WILL NOT BE CHANGED UNTIL THE END OF THE CERTIFICATION PERIOD, IF APPLICABLE. YOU MAY ELECT TO NOT RECEIVE CONTINUED ASSISTANCE.

YOUR RIGHTS: CONCERNING THE HEARING, YOU WILL HAVE A RIGHT TO:

- PRESENT YOUR OWN CASE OR HAVE A FRIEND, RELATIVE OR ATTORNEY MAKE THE PRESENTATION.
- SUBMIT ANY EVIDENCE AND/OR BRING ANY WITNESSES THAT BEAR ON YOUR CASE.
- QUESTION OR CHALLENGE ANY WITNESS OR EVIDENCE PRESENTED BY THE COUNTY AGENCY.
- EXAMINE RECORDS OR CASE FILE, INCLUDING THE APPLICATION FORM. YOU MAY ALSO EXAMINE THE CASE RECORDS IN ADVANCE, (EXCEPT FOR CONFIDENTIAL RECORDS WHICH ARE PROTECTED FROM RELEASE AND WHICH MAY NOT BE INTRODUCED BY THE AGENCY AS EVIDENCE).
- REVIEW A COMPLETE AND UP-TO-DATE COPY OF THE FOOD STAMP OR PUBLIC ASSISTANCE MANUALS.

HOW TO REQUEST A HEARING: IF YOU WISH TO REQUEST A HEARING, YOU MAY TELEPHONE, WRITE, COME TO THE COUNTY WELFARE AGENCY, OR USE THE FORM BELOW.

LEGAL SERVICES: LEGAL SERVICES ARE PRIVATE, NON-PROFIT ORGANIZATIONS THAT ARE NOT CONNECTED IN ANY WAY WITH ANY LOCAL OR COUNTY WELFARE AGENCY OR ANY OTHER GOVERNMENT AGENCIES AND THEY PROVIDE FREE LEGAL SERVICES TO ELIGIBLE PEOPLE IN MOST CIVIL MATTERS. CONTACT INFORMATION: NORTHEAST NJ LEGAL SERVICES, 61 KANSAS STREET, HACKENSACK, NJ 07601-5351, (201) 487-2166.

IF YOU WISH FURTHER INFORMATION ON THE FAIR HEARING PROCESS, YOU MAY CALL THE STATE TOLL-FREE HOTLINE NUMBER **800-792-9773** OR CONTACT YOUR COUNTY WELFARE AGENCY WORKER.

CLIENT NOTIFICATION OF NON-DISCRIMINATION POLICY: TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, AS AMENDED; SECTION 504 OF THE REHABILITATION ACT OF 1973; AGE DISCRIMINATION ACT OF 1975, AND THE AMERICANS WITH DISABILITIES ACT OF 1990 PROHIBIT DISCRIMINATION ON THE BASIS OF RACE, AGE, COLOR, NATIONAL ORIGIN, AND/OR DISABILITY IN ANY PROGRAM RECEIVING FEDERAL FUNDS. SPECIFICALLY, THE FOLLOWING PROGRAMS ALSO PROHIBIT DISCRIMINATION:

- **WORK FIRST NEW JERSEY/TEMPORARY ASSISTANCE FOR NEEDY FAMILIES PROGRAM OR WFNJ/GA:** THESE PROGRAMS PROHIBIT DISCRIMINATION IN DETERMINING ELIGIBILITY FOR PUBLIC ASSISTANCE. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST BECAUSE OF RACE, COLOR, AGE, DISABILITY, RELIGION, NATIONAL ORIGIN, WRITE IMMEDIATELY TO THE FOLLOWING: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICES OF CIVIL RIGHTS, FEDERAL BUILDING, 25 FEDERAL PLAZA, NEW YORK, NY 10007, OR OFFICE OF THE DIRECTOR, DIVISION OF FAMILY DEVELOPMENT, N.J. DEPARTMENT OF HUMAN SERVICES, P.O. BOX 716, TRENTON N.J. 08625.
- **FOOD STAMP PROGRAM:** THIS IS AN EQUAL OPPORTUNITY PROGRAM. IF YOU BELIEVE YOU HAVE BEEN DISCRIMINATED AGAINST BECAUSE OF RACE, COLOR, NATIONAL ORIGIN, AGE, SEX, DISABILITY, POLITICAL BELIEFS OR RELIGIOUS CREED, WRITE IMMEDIATELY TO THE FOLLOWING: SECRETARY OF AGRICULTURE, WASHINGTON, D.C., 20250, OR OFFICE OF THE DIRECTOR, DIVISION OF FAMILY DEVELOPMENT, N.J. DEPARTMENT OF HUMAN SERVICES, P.O. BOX 716, TRENTON, N.J. 08625.

FAIR HEARING REQUEST: **COMPLETE ALL INFORMATION** Case # _____

CHECK OFF: -EMER. ASSIST. -TANF -GA -FOOD STAMPS -OTHER (Explain)_____

DATE OF ADVERSE ACTION NOTICE _____ WHAT ACTION TOOK PLACE AND WHY DO YOU DISAGREE?

_____ ATTACH ADDITIONAL INFORMATION

-I WISH TO CONTINUE RECEIVING ASST. UNTIL THE HEARING -I DO NOT WISH TO CONTINUE RECEIVING ASST. UNTIL THE HEARING.

NAME _____ ADDRESS _____

SIGNATURE _____

DATE _____ TEL # _____

FAIR HEARING NOTICE - MEDICAID

You have the right to request a fair hearing on the denial or termination of Medicaid assistance. You must request a fair hearing within 20 days of the date of the denial/termination letter. If you have been receiving Medicaid benefits and request a fair hearing within the 20-day period, your Medicaid benefits may continue until a hearing decision is reached so long as you remain eligible in all respects. **However, if the fair hearing decision is not in your favor, you may be required to repay any Medicaid benefits to which you were not entitled.** (See "Your Rights" on attached sheet).

FAIR HEARING REQUEST

To request a fair hearing, complete this section in full and send a legible copy of this form to:

Division of Medical Assistance and Health Services
Fair Hearing Unit
P.O. Box 712
Trenton, New Jersey 08625

If you require assistance, please call (609) 588-2655

I want a fair hearing because:

Only if your Medicaid benefits were terminated, check one:

- I wish to continue my Medicaid benefits.
- I do not wish to continue my Medicaid benefits.

If other than the applicant/recipient completed this request please complete:

NAME _____ ADDRESS _____
SIGNATURE _____
DATE _____ TEL # _____

Your Rights

Concerning the fair hearing, you have the right to:

- Present your own case or have a relative, friend, or attorney make the presentation.
- Submit any evidence and/or bring any witnesses that bear on your case.
- Examine records or case files, including the application form. You may also examine the case record in advance except for those records which are protected from release and which may not be introduced by the county welfare agency as evidence.
- Review a complete and up-to-date copy of the Medicaid Only Manual.

Regarding Legal Services

You have the right to legal counsel at your fair hearing. For individuals who cannot afford to pay for the services of an attorney, there are private legal services organizations available which provide free legal counsel.

If you wish to request free legal counsel, you may consult with: Northeast NJ Legal Services, 61 Kansas Street, Hackensack, NJ 07601-5351, (201) 487-2166.

If you have been denied eligibility or have had your eligibility terminated, you have the right to reapply for Medicaid benefits if there is any change in your current circumstances.

Title VI of the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973 prohibit discrimination on the grounds of race, color, national origin, age, or handicap in the administration of any program for which federal funds are received.