

EXPEDITED STATE HEARING REQUEST BEFORE THE DEPARTMENT OF SOCIAL SERVICES

I, the undersigned, hereby request an expedited hearing against the county of _____
_____ for the county action/inaction regarding:

<i>Please check the box that applies to you</i>	Program	CWD Action
<input type="checkbox"/>	CalWORK Immediate Need	
<input type="checkbox"/>	CalFresh/Food Stamp Expedited Services	
<input type="checkbox"/>	CalWORKs Homeless Assistance	
<input type="checkbox"/>	Immediate medical assistance	
<input type="checkbox"/>	Child Care needed to work or attend school	
<input type="checkbox"/>	Books needed to not drop classes	
<input type="checkbox"/>	Transportation needed to work or attend school	
<input type="checkbox"/>	Other: Please Specify _____ _____	_____ _____

Claimant and Representative Information

Claimant Name _____ Last Name _____ Case #/SSN# _____

Claimant Address _____

Claimant Phone Number _____ Email Address _____

I want to have the person below represent me at this hearing:

Name of Authorized Representative _____ Name of Organization, if any _____

Authorized Representative Address _____

Authorized Representative Phone Number _____ Email Address _____

Claimant Signature

Date