

CDSS State Hearing Division Fair Hearing Request Form

Name/Last Name _____

Address _____ City _____ ZIP _____ Phone _____

I, the undersigned request: Telephone Hearing In-Person Hearing

Expedited Hearing against the county of _____ regarding:

Cash aid CalFresh Medi-Cal IHSS OP/IO CAPI WtW

Other: _____ I need a _____ language translator.

AUTHORIZATION TO REPRESENT – I hereby authorize the person below to be my authorized representative in this matter and any other matter relative to my public social services case, including a fair hearing filed on my behalf by to my authorized representative hereafter, related or not related to this request for a fair hearing. This authorization to release information is for the purpose of releasing all information to my authorized representative or any person designated by to my authorized representative, including any attorney. I further declare that any withdrawal or conditional withdrawal of this case will be invalid and deemed to have been obtained by the county under duress unless it has been signed by myself or to my authorized representative. I further request that copies of any communications be only directed to:

Name of authorized representative _____

Name of Organization, if any.

Address _____ City _____ Zip Code _____

Phone Number _____ Email Address (Optional) _____

REASONS FOR REQUEST: The reasons for my hearing request is that the county has (1) applied the regulations and (2) the facts of my case, incorrectly to my individual case during the past 90 days relative to any actions or determinations that the county has undertaken in my case with or without an adequate notice of action, including any action taken prior to the 90 days with an inadequate notice of action.

AID PAID PENDING: I request that aid paid pending be issued on a notice of actions mailed out to me by the county this month prior to the date that I have filed this hearing request.

POSITION STATEMENT: request that a position statement be made available to me two days prior to the scheduled date of this hearing.

CASE FILE: I also request that the case file be available before and during the hearing as required by state regulation MPP §22-051.1 and §19-005.4.

NOTICE AT ISSUE: PLEASE TAKE NOTICE that per W&IC § 10967 claimant hereby is raising adequacy of the county's notice of action as an issue per W&IC §10958.1:

ADDITIONAL REASONS: _____

Date: _____

Signature _____