STATE HEARING REQUEST BEFORE THE STATE DEPARTMENT OF SOCIAL SERVICES

County Case #_____ SSN _____

_____ _____ _____ _____
First Name Last Name Phone Number Email Address

_____ _____ _____
Address City ZIP

TYPE OF HEARING REQUESTED

☐ IN PERSON HEARING ☐ TELEPHONE HEARING ☐ HOME HEARING

(NOTE: Home hearing is only for people who are disabled and cannot get to the hearing location.)

I, the undersigned hereby request a state hearing before the Department of Social Services against the County of _____ regarding:

☐ CAPI
☐ Cash Aid
☐ Child Care
☐ Food Stamps
☐ Homeless Assistance
☐ IHSS
☐ Medi-Cal
☐ Overpayment
☐ Underpayment
☐ WtW
☐ Other _____

REASONS FOR THIS HEARING REQUEST: The reasons for my state hearing request is that the county has incorrectly applied (1) the regulations and (2) the facts to my case incorrectly during the past 90 days from the date of this request relative to any actions/determinations that the county has undertaken in my with or without an a timely and adequate notice of action **or** any actions taken without an adequate notice of action.

AID PAID PENDING DEMAND: I request that aid paid pending be issued on all notices of action mailed out to me by the county this month prior to the date that I have filed this request for a state hearing.

POSITION STATEMENT REQUEST: I request that a position statement be made available to me two working days prior t the scheduled date of this hearing by mailing it to me and my representative if I request a telephone hearing or making it available for pick if it is an in-person hearing .

AUTHORIZATION TO REPRESENT: I hereby authorize the organization mentioned below and any persons designed by them, including any attorney at law to be my representative in this matter and any other matter, including any State Hearing filed on my behalf by said organization hereafter. This authorization to represent and release is for the purpose of releasing any and all information to said organization or any persons designated by them, including any attorney. I further request that copies of all communication, including oral communications relative to this matter be directed to:

_____ _____ _____
Name of AR Organization Phone Number

_____ _____ _____
Address City ZIP

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 signed by said organization or its representative.

I also request an interpreter for the state hearing. The language is: _____

Additional reasons for this hearing are: (optional) _____

Date: _____ Signature of person asking for a hearing: _____