



Massachusetts Department of TRANSITIONAL ASSISTANCE

Local Office SPRINGFIELD

Name Ellen Smith

Date July 1, 1996

Address 20 Elm Street

City/Zip Springfield, MA

NOTICE OF DENIAL OF APPLICATION

Your application for AFDC has been considered and denied on the basis of the following:

Summary of facts:

YOUR CHILD HAS BOTH PARENTS LIVING IN THE HOME AND IS NOT DEPRIVED OF SUPPORT OR CARE BECAUSE OF AN ABSENCE, PHYSICAL OR MENTAL INCAPACITY, UNEMPLOYMENT OR UNDEREMPLOYMENT OF A PARENT.

and Manual Citations

106 CMR: 303.300 303.30
304.260 304.400
304.410

YOUR HOUSEHOLD'S COUNTABLE INCOME IS OVER THE PROGRAM'S LIMITS FOR YOUR HOUSEHOLD SIZE. (935.92 VS. 825.10)

- When you applied for AFDC, you were advised that you had to cooperate with the Child Support Enforcement Unit as a condition of your eligibility for AFDC. As you did not cooperate, your application for assistance for yourself is denied.

If your dependent(s) are approved for AFDC, you will receive \$_____ per month for your dependent(s) instead of \$_____ per month as a family unit. You will receive a letter under separate cover about eligibility for your dependent(s).

If in the future you cooperate with the Child Support Enforcement Unit and if you are otherwise eligible, your AFDC benefits may be approved.

Manual Citation: 106 CMR _____

- Your food stamp application is also denied for the following reasons:

Summary of facts:

and Manual Citation

106 CMR: _____

- A separate review of your food stamp eligibility is being made. You will be informed of the results of this review.
- When you applied for assistance, you were informed that you must file a separate application for food stamps as a Non-Public Assistance household. If you have not already applied for food stamps, you may wish to contact your worker to find out where to file an application.
- Although your application for assistance has been denied, you or members of your family may be eligible for Medical Assistance as medically needy individuals. You may inquire about eligibility for Medical Assistance at your local office.

If your AFDC, RRP or EAEDC assistance is being denied only because you did not submit the required verification(s) needed to determine your eligibility, the Department will review your case again if you submit the required verification(s) no later than 30 days from the date of this notice. If you submit the required verification(s) and if you are otherwise eligible, your assistance will be approved from the date of your original application. Contact your worker if you need to know which verification(s) is missing.

You have a right to make another application for assistance at any time.

If you disagree with this decision, you have the right to a fair hearing. The reverse side of this notice contains important information about your hearing rights. To request a hearing, complete the reverse side of one copy of this notice.

Worker One Brown

Telephone 413 555 1212

Supervisor Jane Goodall

Original and First Copy to Applicant - Second Copy to Cas Record



Notice of Request for a Fair Hearing
Massachusetts Department of Public Welfare
 Division of Hearings
 P.O. Box 167, Boston, Massachusetts 02112

Your Right To Appeal

If you disagree with any action taken by the Department of Public Welfare, you have the right to appeal and receive a fair hearing before an independent referee. The Department must receive your request for a fair hearing no later than 90 days from the date on this notice if you are appealing an Aid to Families with Dependent Children (AFDC); Emergency Aid to the Elderly, Disabled and Children (EAEDC); Emergency Assistance (EA); Food Stamps (FS); or Refugee Assistance (RRP) case action. You have 30 days from the date you received this notice to appeal a Medicaid or Commonwealth action. An exception to these time limits is: you may appeal the amount of your Food Stamps at any time during your certification period, if you think you are not receiving the correct amount.

How To Appeal

If you wish to request a fair hearing, send this notice with the bottom section completed to the Department of Public Welfare, Division of Hearings, P.O. Box 167, Boston, Massachusetts 02112 or FAX to (617) 727-9602. Please keep the second copy for your own information.

If You Are Currently Receiving Assistance, Read This Block

Your benefits will be continued until a decision is made on your appeal if the Division of Hearings receives your appeal request within 10 days from the date on this notice. If you are appealing a Food Stamp issue, and your Food Stamp certification period ends before your appeal is decided, you will continue to receive the same Food Stamp benefits only until the end of your certification period. If you receive assistance during your appeal, but lose your appeal, the Department can recover from you the amount of assistance to which you were not entitled. If you do not wish to continue to receive assistance during your appeal, please check Box A below. If you do not receive benefits during your appeal, and you win your appeal, the Department will promptly correct any underpayment.

You should be told at least 10 days prior to the fair hearing of the date, time and place of the fair hearing to permit you time to prepare your case. If you wish to have a fair hearing scheduled sooner, check Box B below. If you have good cause for not being able to attend the fair hearing, please contact the Division of Hearings at (617) 348-5850 or 1-800-882-2017 before the hearing date, so that your fair hearing can be rescheduled. Failure to appear at the fair hearing without good cause may result in the dismissal of your appeal, except for initial scheduled hearings involving any aspect of the Food Stamp Program where good cause for rescheduling need not be demonstrated.

Your Right To Be Assisted At The Hearing

At the hearing, you may be accompanied by an interpreter, attorney, or other representative at your expense. You may wish to contact a local legal services office or community agency for assistance. Information about local legal services offices and other services provided by community agencies in your area can be obtained by contacting your local welfare office. These agencies may provide advice or representation at no cost.

If you are not fluent in English and wish to have the Division of Hearings provide an interpreter, please write that on this appeal request or call the Division of Hearings at (617) 348-5850 or 1-800-882-2017, at least a week before the hearing. You or your representative may subpoena witnesses, present evidence and cross-examine witnesses. The referee must make a decision on all evidence presented at the fair hearing. You or your representative will be permitted to see your welfare files before the fair hearing if you so desire. If you want to review your welfare files, schedule an appointment with your worker before the fair hearing.

I, Ellen Smith, hereby request a fair hearing before a referee of the Division of Hearings. The reason I wish to request a fair hearing is

the department is wrong. I am eligible for TAEDC

Name Ellen Smith SSN 71123-45-6789117

Address 20 Elm St. Telephone (413) 222-2222

City/ZIP Springfield, MA Date July 5, 1996

X Signature Ellen Smith

My authorized representative is: Name _____

Address _____ Title _____

City/ZIP _____ Telephone () _____

- A. I do not wish to continue receiving the disputed amount of assistance during the appeal process.
- B. I request an expedited hearing.