



Massachusetts Department of Transitional Assistance
REQUEST FOR AN ADA ACCOMMODATION

Initial Request

Modification of Initial Request

TAO

Date

Applicant/Client Name

SSN

Street Address/City/ZIP

Reason for ADA Accommodation Request

Requested ADA Accommodation

Applicant/Client Signature

Date

Case Manager Signature

Date

The Department has thirty (30) days to make a decision on your request. If a decision is not made within thirty days, you may file your accommodation request directly with the Central Office Accommodation Appeal Committee. Please see the back of this form. The Appeal Committee will have ten (10) days to make its decision.

If you have trouble reading or understanding this notice, please feel free to call Recipient Services at 1-800-445-6604. We can help explain it to you.

Decision: **Approved** **Denied**

Approved Accommodation (if any):

Reason for denial, if applicable: _____

IMPORTANT: If you disagree with the decision reached by the TAO Accommodation Team you have the right to reconsideration by the Central Office Accommodation Appeal Committee. You must make your request for reconsideration within 45 days of this decision. Please see the back of this form.

Department Representative Signature

Date

Attachment A-2

REQUEST FOR AN ADA ACCOMMODATION RECONSIDERATION

If you have trouble reading or understanding this notice, please feel free to call Recipient Services at 1-800-445-6604. We can help explain it to you.

I disagree with the decision on the reverse side of this notice and request the decision be reconsidered.

Applicant/Client Signature

Date

Return to:

**Department of Transitional Assistance
Assistant Commissioner for Field Operations
600 Washington Street, 4th Floor
Boston, MA 02111**

IMPORTANT: The Central Office Accommodation Appeal Committee will have ten days to make its decision. If the Central Office Accommodation Appeal Committee upholds the TAO Accommodation Team decision, you have the right to a Fair Hearing.



Massachusetts Department of Transitional Assistance
**CENTRAL OFFICE ACCOMMODATION APPEAL
 COMMITTEE REVIEW FORM**

If you have trouble reading or understanding this notice, please feel free to call Recipient Services at 1-800-445-6604. We can help explain it to you.

 TAO

 Date

 Applicant/Recipient Name

 SSN

 Street Address/City/ZIP

This is to inform you that the Central Office Accommodation Appeal Committee has reviewed your request for a Reasonable Accommodation and have:

Approved an ADA Accommodation as described below.

Denied your request for an ADA Accommodation.

If approved, description of ADA Accommodation: _____

If denied, reason for denial _____

If you disagree with the decision reached by the Central Office Accommodation Appeal Committee you have the right to a Fair Hearing. The reverse side of this notice contains important information about your hearing rights. You must request this Fair Hearing within 90 days. To request a hearing, complete the reverse side of one copy of this notice. You also have the right to file a claim with the Massachusetts Commission against Discrimination and/or the Office for Civil Rights of the U.S. Department of Health and Human Services. You may also contact your local legal services office for more information about your rights.

 Accommodation Team Representative Signature

 Date



Notice of Request for a Fair Hearing
Massachusetts Department of Transitional Assistance
Division of Hearings
P.O. Box 167, Boston, Massachusetts 02112-0167

If you have trouble reading or understanding this notice, please feel free to call Recipient Services at 1-800-445-6604. We can help explain it to you.

YOUR RIGHT TO APPEAL: If you disagree with any action or inaction taken by the Department of Transitional Assistance (DTA), you have the right to appeal and receive a fair hearing before an independent referee. DTA must receive your request for a fair hearing no later than 90 days from the date on this notice. Exceptions to the 90-day time limit are: (1) you have 21 days to request a hearing on Emergency Assistance (EA) shelter benefits, (2) you have 30 days from the date of mailing of the notice by the Department of Revenue to request a hearing regarding the intercept of your state tax refund, (3) you may appeal the amount of your Food Stamp (FS) benefits at any time during your FS certification period, if you think you are not receiving the correct amount, (4) you have up to 120 days if DTA fails to act on your request for services, and (5) you have up to 120 days to appeal alleged coercive action or otherwise improper conduct or up to one year under certain specified circumstances.

HOW TO APPEAL: If you wish to request a fair hearing, send this page with the bottom section completed to: **DTA, Division of Hearings (DOH), P.O. Box 120167, Boston, Massachusetts 02112-0167 or fax to (617) 348-5311.** Please keep the copy for your own records.

IF YOU ARE CURRENTLY RECEIVING BENEFITS, READ THIS SECTION: Your benefits will be continued until a decision is made on your appeal if DOH receives your appeal request within 10 days from the date on this notice. If you are appealing a FS issue, and your FS certification period ends before your appeal is decided, you will continue to receive the same FS benefits only until the end of your certification period. If you receive benefits during your appeal, but lose your appeal, DTA can recover the benefits to which you were not entitled. If you receive TAFDC time-limited benefits during an appeal, which you then lose, the months for which you have received benefits will count toward your time-limited benefits. If you do not wish to continue to receive benefits during your appeal, check Box A below. If you do not receive benefits during your appeal, and you win your appeal, DTA will promptly correct any underpayment.

WHEN THE HEARING WILL BE HELD: You will be given at least 10 days notice prior to the fair hearing of the date, time and place of the hearing to permit you time to prepare your case. If you wish to have a fair hearing scheduled sooner, check Box B below. Fair hearings on EA shelter benefits are expedited; you will be given at least two days notice prior to the fair hearing of its date, time and place. If you have good cause for not being able to attend the fair hearing, please contact DOH at (617) 348-5321 or 1-800-882-2017 (TTY (617) 348-5337 or 1-800-532-6238 for the Deaf or hard-of-hearing), before the hearing date, so that your hearing can be rescheduled. Failure to appear at the fair hearing without good cause may result in the dismissal of your appeal, except for the first scheduled hearing involving any aspect of the FS Program where good cause for rescheduling need not be demonstrated.

YOUR RIGHT TO BE ASSISTED AT THE HEARING: If you cannot speak English or understand it well or if you are Deaf or hard-of-hearing and wish to have DOH provide an interpreter, please write that on this appeal request or call DOH at (617) 348-5321 or 1-800-882-2017, (TTY (617) 348-5337 or 1-800-532-6238) at least a week before 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 office. These agencies may provide advice or representation at no cost to you.

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 case file before the hearing. If you want to review your case file, schedule an appointment with your worker before the hearing.

NONDISCRIMINATION NOTICE FOR CLIENTS: Under federal and state law the Massachusetts DTA does not discriminate on the basis of race, color, sex, sexual orientation, national origin, religion, creed, age or disability. If you have any questions or concerns, we encourage you to contact the Director of Equal Opportunity, DTA, 600 Washington Street, Boston MA 02111, Tel. (617) 348-8490 (TTY (617) 348-5532 for the Deaf or hard-of-hearing).

I, _____, hereby request a fair hearing before a referee of DOH.

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

The reason I wish to request a fair hearing is _____

Your Name (Print) _____ SSN _____

Address _____ Telephone () _____

City/ZIP _____ Date _____

Your Signature _____

My authorized representative is: Name _____ Title _____

Address _____ City/ZIP _____

Telephone () _____

Attachment A

DO YOU NEED HELP BECAUSE OF A DISABILITY?

Is it hard for you to apply for benefits? Is it hard for you to keep getting your benefits? The Department may be able to help. Under a law called the Americans with Disabilities Act (ADA), the Department can give you extra help called accommodations. ADA accommodations can make working with the Department easier.

Who can get an accommodation? What accommodations are available?

If you have a **physical or mental condition** that makes it hard for you to do certain things, you may be eligible for an ADA accommodation.

Examples: If you have a physical condition that makes getting to the office hard, we could go to your home or schedule a telephone appointment.

If you have a learning disability that makes it hard for you to understand Department notices, your case manager can explain them to you.

If it is hard for you to understand Department forms, your case manager can also help you fill out Department forms.

If you have trouble remembering things, we can make sure you get reminders.

There are many types of accommodations available.

How do you get an accommodation? JUST ASK!

If you think you need extra help, tell your case manager. Your case manager can help you. Your case manager will work with you and the office ADA Accommodation Team to figure out the best way to help.

ADA Accommodation Team members: _____

If you do not get the help you think you need, you can ask the Central Office Accommodation Team to review your request. After this review, you may also appeal to the Division of Hearings.

FREE LEARNING DISABILITY SCREENINGS! Do You Have Trouble Reading, Writing, Remembering or Understanding Things? Does this make it hard for you in school or at the workplace? If so, you may want one of the Department's free learning disability screenings for people applying for or receiving TAFDC.

Screening is the first step to getting you help. If it looks like you have a possible learning disability, we will pay for a full review. This review, also called an assessment, will include recommendations for services and supports that can help you reach your work and learning goals.

Ask for a free screening today!