

APPEAL REQUEST

Please see back of page for important information regarding appeals.

1. Name: _____ Case No. _____

2. Mailing Address: _____
Street Apt # City/Town State Zip Code

3. Phone Numbers: _____

4. Email Address: _____

5. I want to appeal the notice dated _____ that affects me, my benefits,
 or my services under the following program(s):

Food Stamps Medical Assistance Cash Assistance Other _____

6. Please attach a copy of the notice/decision that you are appealing.

7. I am appealing that decision because: _____

8. If eligible, I want my benefits to continue during the appeal process: Yes No N/A

9. Please identify any special accommodations that you will require for the hearing (such as
 handicapped access, interpreter, translator, etc.):

SIGNATURE: _____ DATE: _____

NOTE: If you are signing this form as a power-of-attorney, Authorized Representative, or court-appointed guardian, please attach a copy of the document that establishes your authority to act on behalf of the client, and include your contact information.

FOR DEPARTMENT USE ONLY

1. This is an ___ oral or ___ written request received on _____

2. Benefits ___ will ___ will not continue at pre-notice level.

3. DHHS staff signature: _____ Date: _____

4. Forward completed form and notice/decision to the Administrative Appeals Unit, Main Building, 105
 Pleasant Street, Concord, NH 03301.

IMPORTANT INFORMATION REGARDING APPEALS

1. Please contact your case worker, district office, or the appropriate division if you have questions about why your benefits or services were denied, reduced, or terminated.
2. All appeals (except food stamps) must be submitted in writing.
3. The Department must receive your Appeal Request within 30 days of the date on the written notice (90 days for food stamps), unless otherwise specified in the notice or decision that you are appealing.
4. Please contact your case worker or district office if you need help completing the Appeal Request.
5. If you want your benefits or services continued while your appeal is pending, and you are eligible for this service, you must file your appeal within 15 days of the date on the decision and you must contact your district office. **Only the district office can start, stop, or adjust your benefits.** (Continuing benefits while an appeal is pending is not available in all cases.)
6. If you have your benefits or services continued while your appeal is pending, and the Department's decision is upheld following the hearing, you will be required to pay the Department back for the benefits or services you received during the appeal period.
7. Please attach a copy of the notice/decision that you are appealing to the Appeal Request. The scheduling process will be delayed if you do not provide a copy of your notice/decision.
8. Your completed Appeal Request (with a copy of the notice/decision attached) may be submitted to your district office, or to the Administrative Appeals Unit, Main Building, 105 Pleasant Street, Room 121C, Concord, NH 03301.
9. If the Administrative Appeals Unit accepts your Appeal Request, a Notice of Hearing will be mailed to you at the address you provided on the Appeal Request. The Notice of Hearing will state the date, time, and location for your hearing.
10. If the Administrative Appeals Unit does not accept your appeal, you will receive a letter explaining why your Appeal Request was denied. The letter will be sent to the address that you provided on the Appeal Request.
11. You are required to notify the Administrative Appeals Unit of any address or phone number changes while your appeal is pending. Your Appeal Request may be denied or dismissed without a hearing if we cannot contact you.
12. You may represent yourself at your hearing, or be represented by an attorney or someone else. If you hire an attorney to represent you, you will be responsible for paying that attorney. **The Department will not pay your legal fees.**
13. If you want legal advice but cannot afford an attorney, contact the NH Legal Assistance Office nearest you, or call (603) 224-4107. Other possible sources of free or low cost legal advice include the Disabilities Rights Center (800) 834-1721; Legal Advice and Referral Center (800) 639-5290; Senior Citizen Law Project Advice Line (888) 353-9944; and the NH Bar Association Lawyer Referral Service (603) 229-0002.
14. After you submit your Appeal Request, if you decide that you do not want to file an appeal, please notify the Administrative Appeals Unit at (603) 271-4292, or toll free at (800) 852-3345, extension 14292.
15. After your hearing has been scheduled, if you wish to withdraw the appeal, please sign below and forward a copy of this form to the Administrative Appeals Unit, Main Building, 105 Pleasant Street, Room 121C, Concord, NH 03301.

I want to withdraw my Appeal Request, Docket Number: _____ - _____

Name Printed

Signature

Date