



State of Connecticut
Department of Social Services

W-0534FH
(Rev. 03/16)

Fair Hearing

Case ID:
Client ID:

YOUR RIGHT TO A HEARING

You have the right to ask for a hearing if you do not agree with an action that the Department of Social Services (DSS) plans to take about your case. A hearing is a meeting with you, a DSS worker and a Hearing Officer. The Hearing Officer will listen to the facts of your case and decide if the action DSS plans to take is right or wrong.

At a hearing, you may tell the Hearing Officer why you do not agree with the action DSS plans to take. You may speak for yourself or have someone else, like a friend or relative, speak for you. You may also have a lawyer speak for you. If you want legal help, you may call 1-800-453-3320 for Legal Services in your area.

The best way to ask for a hearing is to use the Hearing Request Form that is enclosed. If you are asking for a hearing about Supplemental Nutrition Assistance Program (SNAP) benefits, you can also ask for a hearing by calling 1-800-462-0134.

For all programs except SNAP, you have 60 days from the date of the DSS notice to ask for a hearing. This date is _____. **For SNAP, you have 90 days** from the date of the notice to ask for a hearing. This date is _____.

CONTINUATION OF BENEFITS

For HUSKY A, C and D (Medicaid), if you ask for a hearing before the effective date of DSS' action, your benefits will not change until after the Hearing Officer decides your case. If you are in a spend-down, you will not get benefits until the Hearing Officer decides your case.

If the Hearing Officer decides that DSS' action is right, you may have to pay DSS for the medical services that it paid for while you were waiting for the Hearing Officer's decision.

For all other programs, if you ask for a hearing within 10 days of the DSS notice, your benefits will continue as they were until after the Hearing Officer decides your case, unless you check the box on the Hearing Request Form that you do not want your benefits to continue as they were. There are exceptions to this rule. For example, if you are getting Temporary Family Assistance (TFA) and ask for a hearing about a DSS notice telling you that your 21- or 60- month time limit is over, your benefits will end, even if you ask for a hearing within 10 days. Also, if you are on SNAP, your SNAP will not continue if your certification period is over.

If you keep getting benefits as they were before you got the DSS notice and the Hearing Officer decides that DSS' action was right, you may need to pay DSS back or DSS may take money back from your future benefits. If you chose not to have your benefits continue, and the Hearing Officer decides that DSS' action was wrong, DSS will pay you the benefits that it owes you.

If you wait longer than 10 days to ask for a hearing, your benefits will change, as stated in the DSS notice. If the Hearing Officer decides that DSS' action was wrong, DSS will follow the Hearing Officer's order and pay you the benefits that it owes you.

DSS HEARING REQUEST FORM

Use this form ONLY if you want a hearing. Remember: Before you ask for a hearing, you may call the Benefit Center for help at 1-855-626-6632, Monday-Friday, 7:30 am to 4:00 pm.

1. I do not agree with DSS's decision about my : **SNAP Medical Cash Other** _____
(Circle program(s) that apply)

I am asking for a hearing because:

(Please do not leave blank and use the back of this form if you need more room to write.)

2. The best telephone number to reach me, including area code, is: () _____
3. If you were getting **medical benefits** from DSS and you ask for a hearing about DSS's decision about your medical benefits **any time before the date DSS's decision becomes effective**, your medical benefits will stay as they were until the Hearing Officer decides your case. If the hearing decision is not in your favor, you may need to pay DSS back for these benefits.

If you were getting **SNAP, cash or other benefits** from DSS and you ask for a hearing about DSS's decision about those benefits **within 10 days of the date on the notice**, it may be possible for your benefits to stay as they were until the Hearing Officer decides your case.

Please check one of the following:

- I want DSS to keep my benefits the way they were before DSS's decision and until the Hearing Officer decides my case, if that is possible. If the hearing decision is not in my favor, I may need to pay DSS back for these benefits.
- I want DSS to make the change to my benefits now. If the hearing decision is in my favor, DSS will give me any benefits that are due to me.

If you do not check a box, your benefits will stay the way they were.

4. _____
Signature (Required) _____ Date _____
5. Mail or fax this completed request to: Department of Social Services, Office of Legal Counsel, Regulations and Administrative Hearings, 55 Farmington Avenue, Hartford, CT 06105-3725
Fax Number: (860) 424-5729. For questions about hearings, call 1-800-462-0134.

If you need an interpreter for the hearing, please state which language: _____

If you are deaf or hearing impaired and have a TDD/TTY, call our TDD/TTY hotline at 1-800-842-4524. DSS also has auxiliary aids for the visually impaired. Call 1-855-626-6632 for information.

YOU HAVE THE RIGHT TO MAKE A DISCRIMINATION COMPLAINT

You have the right to make a discrimination complaint if you think the Department of Social Services has taken action against you because of your race, color, religion, sex, gender identity or expression, marital status, age, national origin, ancestry, political beliefs, sexual orientation, intellectual disability, mental disability, learning disability or physical disability, including, but not limited to, blindness.

An individual with a disability may request and receive a reasonable accommodation or special help from the Department of Social Services when it is necessary to allow the individual to have an equal and meaningful opportunity to participate in programs administered by the Department.

If you asked for an accommodation or special help and we refused to provide it, you may make a complaint to the Department's Affirmative Action Division Director or any of the agencies listed below:

Commissioner of Social Services

Attention: Affirmative Action Division Director/ADA Coordinator

55 Farmington Avenue
Hartford, CT 06105-3725

Telephone: 1-860-424-5040, Toll Free: 1-800-842-1508, TDD: 1-800-842-4524
Fax: 1-860-424-4948

Connecticut Commission on Human Rights and Opportunities

450 Columbus Blvd
Hartford, CT 06103
Telephone: 1-860-541-3400, Toll Free: 1-800-477-5737, TDD: 1-860-541-3459
Fax: 1-860-246-5265
Web: <http://www.ct.gov/chro/site/default.asp>

US Department of Health and Human Services Office for Civil Rights

JFK Federal Building, Room 1875
Boston, MA 02203
Telephone: 1-617-565-1340, Toll Free: 1-800-368-1019, TDD: 1-800-537-7697
Fax: 1-617-565-3809
Web: <http://www.hhs.gov/ocr/office/file/index.html>