



Administrative Hearing Request

Department of Human Services (DHS) or Oregon Health Authority (OHA) completes this part

Date of notice:	Date of initial hearing req.:	Date 443 rec'd by DHS or OHA:	Program no.:	Cost center:	Case number:	Worker ID:
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Claimant's name:	Telephone number:
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Address:	City:	State:	ZIP code:
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Claimant is non-English speaking? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alternate format <input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes," specify
Claimant understands:	<input type="checkbox"/> Braille <input type="checkbox"/> Audio tape <input type="checkbox"/> Large print	<input type="checkbox"/> Diskette <input type="checkbox"/> Oral presentation

Claimant or claimant's representative completes this part

If you want a hearing for cash, child care, or medical benefits, you or your representative must fill out this form. You also can use this form to ask for a food benefit hearing. An employee at your branch office can help you complete this form.

I am asking for a hearing because I do not agree with the decision to Close Reduce my benefits
 Deny Charge me with an overpayment Other:

<input type="checkbox"/> I did receive a written notice to deny my application or to reduce or close	Date of the notice:
<input type="checkbox"/> I did not my benefits.	

Program(s) Involved: SFPSS Medicaid/OHP TANF GA Post-TANF ERDC
 Long-Term Care Services Food benefits TA-DVS Other: _____

Briefly explain what the decision was and why you disagree with it.

Before you answer this question, please read "part 2" on the back of this form.

Do you want your benefits to stay the same (not be reduced or stopped) while you wait for the hearing? Yes No
 (Note: Your benefits may change if something else happens that affects the amount.)

Please read "part 3" on the back of this form for information about expedited hearings.

Check this box if you meet the requirements for an expedited hearing.

Name of my lawyer or representative:	Telephone number:
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Address:	City:	State:	ZIP code:
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The administrative law judge may conduct the hearing by phone.

In a telephone hearing, the administrative law judge participates by phone. The client may be at the branch or another place. I understand I will be asked to have an informal conference with an agency representative.

Claimant's signature:	Social Security number:	Date:
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The Department is authorized to request your Social Security Number (SSN) under 42 USC 1320b-7(a) and (b), 7 USC 2011-2036, 42 CFR 435.910, 42 CFR 435.920, 42 CFR 457.340(b), and OAR 461-120-0210. Your SSN will be used to locate your file and records. For clients in only the CAWEM, ERDC, REF, and REFM programs, providing a SSN is always voluntary.

DHS or OHA completes this part

DHS representative for this matter:	Issue code:	Telephone number:
Date:		

What You Can Do When You Do Not Agree with This Decision

Please contact your local office if you need this form in another language or alternate format.

- You have the right to challenge this decision by requesting a hearing. Hearings are held by the Office of Administrative Hearings, which is independent from the Department of Human Services (DHS). **If you want a hearing, you must request it on time.** For more information, see Part 1 below.
- You can also talk with a manager. Ask for a meeting by contacting your local office. Call **1-800-442-5238** if you do not know who to call. Your deadline to request a hearing (*part 1 below*) does not change even if you are in contact with a manager or trying to reach one.

Part 1 – Ask for a hearing.

What must I do to get a hearing? For all benefits except food stamps, you must fill out an Administrative Hearing Request Form (DHS 0443) and return it to a DHS office. You can get this form at a DHS office or on the web at <http://dhsforms.hr.state.or.us/Forms/Served/DE0443.pdf>. For food stamps, you can ask for a hearing on DHS form 0443, by phone, in writing or by asking a DHS employee in person. Your local office can help you. In most cases, DHS must receive your request within **45 days** from the date identified as the sending date on the decision notice. You have **90 days** for food stamps and for TANF reductions for not cooperating with your case plan. You may request a hearing at any time if you disagree with the current amount of your food stamps.

Who can help with my hearing? In the Food Stamp and medical programs, any adult may represent you. In all other programs, you must represent yourself or have a lawyer or a legal assistant (*supervised by a legal aid attorney*) represent you. You may call the Public Benefits Hotline (*a program of Legal Aid Services of Oregon and the Oregon Law Center*) at **1-800-520-5292** for advice and possible representation.

What are my other hearing rights? At the hearing, you can tell why you do not agree with the decision. You can have people testify for you. The laws about your hearing rights and the hearing process are at OAR 137-003-0501 to 0700, 410-120-1860, 410-141-0264, 461-025-0300 to 0375, ORS 183.411 to 183.470, and ORS 411.095.

What happens if there is no hearing? If you do not ask for a hearing on time, or if you withdraw the hearing request or miss your hearing, you may lose your right to a hearing. This notice will be the final DHS decision (*called a “final order by default”*). You will not get a separate final order by default. The case file, along with any materials you submitted in this matter, is the record. The record is used to support the DHS decision upon default. You may appeal the final order by default by filing a petition in the Oregon Court of Appeals. (ORS 183.482) If you do not ask for a hearing, this appeal must be filed within **60 days** of the date this notice becomes a final order by default. If you withdraw a hearing request or miss your hearing, the appeal deadline is set out in the dismissal order.

Part 2 – How can I keep getting benefits until my hearing?

- You can ask for your benefits to stay the same until the hearing decision (*“continuing benefits”*). In all programs other than Food Stamps, you must ask on the Administrative Hearing Request Form (DHS 0443). For food stamp benefits, use DHS Form 0443, phone, write or ask a DHS employee in person.
- You must ask your branch for continuing benefits by either the “effective date” on the notice or **10 days** after the date identified as the sending date of the notice. To keep getting benefits, you must ask by whichever date is *later*.
- If you keep getting benefits but lose the hearing, you must pay back the benefits you should not have received.
- If you don’t keep getting benefits and win the hearing, DHS will give you the benefits you should have received.

Part 3 – Can I have my hearing within five working days?

You may have the right to an “expedited hearing” for any of the following types of benefits or events:

- Expedited or emergency food stamps
- JOBS and Pre-TANF payments
- Temporary Assistance for Domestic Violence Survivors (TA-DVS) eligibility and payments
- While receiving medical benefits, you are denied a medical service for an immediate, serious threat to your life or health
- DHS denied your request to keep getting benefits until your hearing

DHS will not discriminate against anyone. This means DHS will help all who qualify. DHS will not deny help to anyone based on age, race, color, national origin, sex, sexual orientation, religion, political beliefs, or disability. You can file a complaint if you think DHS discriminated against you because of any of these reasons.

DHS 0447 (7/08), Can use prior version