

Tennessee Department of Human Services

Consolidated Appeal Request

Use this form only if you want to file an appeal (this is a request for a hearing). Your local DHS office may help you fill out this form. You may file this form with Clerk's Office, whose contact information is on the back of this form.

| Do you need documents to be translated? | | | 1 | | | | |
|---|---|--------------------|-----------------------|-------------------------|---------------------|----------------------------------|--|
| Street Address | | | | | | | |
| Mailing Address (if different than above) City, State & Zip Code Social Security Number Will you need an interpreter in the hearing? | Appellant First Name | | Appellant Last Name | | Telephone Numbe | r(s) | |
| Mailing Address (if different than above) City, State & Zip Code Social Security Number Will you need an interpreter in the hearing? | Otro et Addres e | | Oite Otata 9 7in Oad | 1- | For all Address | | |
| Will you need an interpreter in the hearing? Yes No what language? Do you need documents to be translated? Yes No what language? Which program(s) are you appealing? SNAP (Food Stamps) Families First Child Support Vocational Rehabilitation Tennessee Business Enterprises Child and Adult Care Food Program Sesential Employee Child Care Payment Assistance Child Care (Families First) Child Care (Non-TANF) Summer Food Program P-EBT Other Program: Will someone else represent or assist you during the hearing? Yes No If yes, tell us who. First & Last Name of Representative Representative's Firm (if applicable) Telephone Number(s) | Street Address | | City, State & Zip Cod | e | Email Address | | |
| Do you need documents to be translated? | Mailing Address (if differ | ent than above) | City, State & Zip Cod | e | Social Security Nu | mber | |
| Which program(s) are you appealing? | Will you need an in | terpreter in the h | earing? | ☐ No what lang | uage? | | |
| Vocational Rehabilitation Tennessee Business Enterprises Child and Adult Care Food Program Essential Employee Child Care Payment Assistance Child Care (Families First) Child Care (Non-TANF) Summer Food Program P-EBT Other Program: Will someone else represent or assist you during the hearing? Yes No If yes, tell us who. First & Last Name of Representative Representative's Firm (if applicable) Telephone Number(s) | Do you need docun | nents to be trans | lated? | ☐ No what langu | uage? | | |
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| Summer Food Program | ☐ Vocational Rehab | ilitation 🔲 Tenr | nessee Business Er | nterprises | and Adult Care Food | l Program | |
| Will someone else represent or assist you during the hearing? | ☐ Essential Employ | ee Child Care Pay | /ment Assistance [| ☐ Child Care (Famil | lies First) | are (Non-TANF) | |
| First & Last Name of Representative Representative's Firm (if applicable) Street Address City, State & Zip Code Email Address Mailing Address (if different than above) City, State & Zip Code Representative's Relation to You Tell us why you're appealing or what happened that you disagree with. You may attach additional pages For P-EBT appeals, complete this section: I disagree with amount awarded OR benefits were not received for all eligible children. Please enter all children Information below: First Name: Middle Name: Last Name: Date of birth School District School Name For SNAP, Families First, Non-TANF Child Care and Child Support appeals complete this section: Do you want your hearing to be held in person or by telephone? I WANT my benefits to continue until the hearing decision is made. I understand that if the decision is not in made. | ☐ Summer Food Pro | ogram 🔲 P-EBT | Other Progran | n: | | | |
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| favor, I may have to pay back the benefits. I want the following benefits to continue: | Do you want your h | earing to be held | d in person or by to | elephone? | Person | ne | |
| ☐ SNAP (Food Stamps) ☐ Families First ☐ Child Care (Families First) ☐ Child Care (Non-TANF) | Do you want your h ☐ I WANT my b | earing to be held | d in person or by to | elephone? | Person | ne | |

| (Appellant or repr | | |
|-----------------------------------|---------------------------------------|---|
| Signature | Date: | |
| ☐ Doctor/Medical Staff ☐ Inter | preter/Translator | cribe) |
| ☐Relative ☐Friend ☐ Legal G | Guardian or Conservator | ate Authorized Representative |
| How do you know the person who | is appealing? Please check appropr | iate box: 🗌 Parent |
| Name: | Daytime phone: | Alternate phone: |
| Complete this part if you are hel | ping someone else fill out this pa | per: |
| through a desk review, unless you | | am appeals, your appeal will be handled e held. Some appeals are required to have a Yes No |
| ☐ Yes ☐ No | | |
| For Vocational Rehabilitation ap | peals, has an informal review been | conducted by Vocational Rehabilitation staff? |
| Note: This form is for appealin | g administrative actions. It CANNO | T be used to appeal action taken by a court. |
| For Child Support appeals, what | is the name of the other parent? | |
| ☐ I DO NOT WANT my bene | fits continued while the hearing deci | sion is pending. |

How long do I have to file an appeal? (all calendar days)

| Program | Time Limit to Appeal | Time Limit to Appeal and Have Benefits Continued |
|--|--|--|
| SNAP (Food Stamps) | 90 days from the date of the notice | 10 days from the date of the notice |
| P-EBT | 10 days from the date of the notice | N/A |
| Families First | 90 days from the date of the notice | 10 days from the date of the notice |
| Child Care Services (Non-TANF-Families First) | 10 days from the date of notice | 10 days from the date of notice |
| Child Support | 20 days from the date of service of the notice in license revocation proceedings 15 days of the date of the notice of administrative action for all other appeals | N/A |
| Vocational Rehabilitation | 30 days from the date of the notice | Automatically continued, unless there is fraud or Appellant requests otherwise |
| Summer Food Program | 10 days from the date on which the notice of action was received | N/A |
| Child and Adult Care Food Program | 15 days from the date on which the notice of action was received | N/A |
| Essential Employee Child Care Payment Assistance | 10 days from the date on which the notice of action was received | N/A |

Where do I send this form? Appeal forms may be filed ith the Clerk's Office, the Division of Appeals & Hearings.

Mail: James K. Polk Building, 1ST Floor

ATTN: Appeals Clerk's Office

PO Box 198996 505 Deaderick St.

Nashville, TN 37219-8996

Fax: (615) 248-7013 or (866) 355-6136 Phone: (866) 787-8209 or (615) 744-3900

Email: AppealsClerksOffice.DHS@tn.gov

What if I have questions?

Contact the Clerk's Office toll free at (866) 787-8209, or call your local DHS office.

What problems can I appeal?

For a general list of issues that can be appealed, please visit Tenn. Comp. R. & Regs. 1240-5-3 Fair Hearing Requests and refer to the notice of the Department's action for further information regarding your appeal rights. http://publications.tnsosfiles.com/rules/1240/1240-05/1240-05-03.pdf

For Child Support appeal questions visit: https://www.tn.gov/content/dam/tn/human-services/hs/hs-2997.pdf

In accordance with federal law and the policy of the U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS), this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. To file a complaint or ask questions, contact one of these offices: HHS Office for Civil Rights, Atlanta Federal Center, Ste 3B70, 61 Forsyth Street, SW, Atlanta, GA 30303-8909, (404) 562-7886; (404) 562-7881 (FAX); (404) 331-2867 (TDD); USDA, Director, Office for Civil Rights, 1400 Independence Av, SW, Washington, DC 20250-9410; (800) 795-3272; (202) 720-6382 (TTY).

You may also contact the Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 505 Deaderick Street, Nashville, TN 37243, (615) 313-4700.

DHS staff should check the "Forms" section of the intranet to ensure the use of current versions. Forms may not be altered without prior approval.

Distribution: DHS Clerk's Office Appeals Clerks Office@tn.gov RDA: 1716

HS-3058 (rev. 01-21)

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