

Request for an Appeal

If you have trouble reading or understanding this notice, call DTA at 1-877-382-2363 for help.

What is an appeal? If you disagree with a Department (DTA) action, you have the right to appeal. If you appeal, you will have a hearing. Hearings are usually held in your local DTA office. If you cannot come to the office, you can have a phone hearing. An independent hearing officer will make the decision. At least ten days before the hearing, you will get a notice of the time and place of the hearing. At the hearing, a DTA employee will explain the reason for the DTA action. You or someone helping you can explain why you disagree with the action. After the hearing, the hearing officer will mail you a decision.

Can I bring someone to help me? Yes. You can bring anyone you want to support or represent you. You can also bring witnesses to testify. You may be able to get free legal help. Call the Legal Advocacy and Resource Center (LARC) at 1-800-342-5297 or go to www.masslegalhelp.org for information about free legal services.

How do I appeal? Fill in the spaces below.

Date _____

I wish to appeal the following decision by DTA: _____

Your Name (Print) _____ Agency ID or last 4 of SSN _____ Date _____

Address _____ Telephone () _____

City/ZIP _____

If you have someone to help you with this appeal, please fill in their information:

Name _____ Title _____

Address _____ Telephone () _____

City/ZIP _____

If you need special help due to a disability, please contact the Division of Hearings at the numbers listed below.

Mail this request to: DTA, P.O. Box 4017, Taunton MA 02780-0314 or fax (both sides) to (617) 348-5311.

If you are currently getting cash benefits – If we get this request before the date your benefits are to be stopped or lowered, your benefits will continue until the appeal is decided. *If you lose your appeal, you will have to pay back these benefits.* If you get TAFDC time limited benefits during your appeal and you lose, the months of benefits you received may count toward your time limit.

If you are currently getting SNAP benefits -- If we get this request before your benefits are lowered or stopped, your benefits will continue until the appeal is decided, **or** your SNAP certification period ends, *whichever comes first.* *If you lose your SNAP appeal, you will have to pay back the benefits you received during your appeal.*

If you do not want to get benefits during your appeal - Check this box . If you choose not to get benefits during the appeal period, and win your appeal, DTA will pay you any benefits owed.

What are the deadlines for appealing? We must get your appeal request no later than 90 days from the date the Department sent you written notice of the action you are appealing.

But there are exceptions:

- There is no deadline if you appeal the amount of your SNAP benefits during your certification period.
- You have 120 days if DTA fails to act on your request for benefits or services.
- You generally have 120 days if the appeal is about coercive or improper conduct by a DTA employee.
- You only have 30 days if you are appealing because your state tax refund has been held to repay an overpayment of DTA benefits.

Do you need an interpreter? – You have the right to a free interpreter if you need one. The interpreter will keep all of the information about your case confidential. You also have the right to bring your own interpreter. If you need an interpreter, please call us at any of the phone or MassRelay numbers listed in the section below or check this box and tell us your primary language or dialect: _____ and we will provide an interpreter for you.

What if I cannot come on the date of the hearing? If you need to reschedule, please call at (617) 348-5321 or (800) 882-2017 **at least one day before the hearing.** (If you are Deaf or hard-of-hearing, you can call MassRelay at 711 or (800) 439-2370).

If you do not reschedule and miss the hearing, we will send you a letter about your rights. If you had a good reason for missing the hearing, we may be able to give you a new hearing.

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Reason for Appeal (✓ the boxes that apply to you)

The reason for my appeal is:	
<input type="checkbox"/> My application was denied for:	
<input type="checkbox"/> TAFDC <input type="checkbox"/> EAEDC <input type="checkbox"/> SNAP <input type="checkbox"/> Child Care <input type="checkbox"/> SSP <input type="checkbox"/> Other _____	
<input type="checkbox"/> I was not allowed to apply for assistance.	
<input type="checkbox"/> I was receiving:	
<input type="checkbox"/> TAFDC <input type="checkbox"/> EAEDC <input type="checkbox"/> SNAP <input type="checkbox"/> Child Care <input type="checkbox"/> SSP <input type="checkbox"/> Other _____	
and my benefits were <input type="checkbox"/> lowered	
<input type="checkbox"/> stopped	
<input type="checkbox"/> A DTA employee's conduct was coercive or improper in my case:	
Name of Employee: _____ Date: _____	
Describe the conduct: _____ _____ _____	
<i>Attach additional information if necessary to explain.</i>	
Send your appeal to:	DTA Hearings, P.O. Box 4017, Taunton MA 02780-0314 Telephone: (617) 348-5321 (Toll Free: 1-800-882-2017) Fax: (617) 348-5311