Arizona Department of Economic Security
Family Assistance Administration

Hearing Request

See page 3 for your appeal rights and information on how to file an appeal.

Client Information

Name *(Last, First, M.I.)*: _____

HEAplus Application ID: _____ AZTECS Case Number: _____

Address *(No., Street)*: _____

City: _____ State: _____ ZIP Code: _____

Phone Number *(Include area code)*: _____

I want an appeal for the following programs: *(Check box)*

☐ Nutrition Assistance
☐ Cash Assistance
☐ Medical Assistance
☐ Nutrition Assistance Overpayment Compromise
☐ Tuberculosis Control
☐ Expedited Medical Assistance *(See page two for Requirements)*

I want to appeal because I do not agree with: *(Check box)*

☐ End of Benefits ☐ Amount of Benefits ☐ Denial of Benefits ☐ Overpayment

☐ Other *(Explain)*: _____

Reason(s) why I don't agree with your decision:

Date of the notice I do not agree with: _____

I want my hearing by: ☐ Telephone ☐ In person at *(Select a location below)*:

- ☐ Phoenix
- ☐ Tucson

Note: When an option is not selected, the hearing will be held by telephone.

I need an interpreter: ☐ Yes ☐ No If Yes, what language? _____

I need an accommodation for a disability: ☐ Yes ☐ No

If Yes, explain: _____

Cash and Nutrition Assistance Continued Benefits

Important: You may keep getting benefits if you file an appeal within 10 days of the date of the notice you are disagreeing with or the effective date of the decision on the notice, whichever is later. Check one of the following boxes below if the reason for your appeal is because your benefits are being decreased or stopped.

☐ I **do** want to keep getting benefits during my appeal.

☐ I **do not** want to keep getting benefits during my appeal.

Caution: If you ask to continue your benefits, you may have to pay back any Cash or Nutrition Assistance you received while waiting for a hearing.

See page 4 for USDA/EOE/ADA disclosures

Cash and Nutrition Assistance Continued Benefits *(Continued)*

You cannot keep getting benefits while you wait for a hearing if:

- Your application was denied
- Your benefits were stopped because the approval period ended
- The law changed
- You received the maximum benefits under the program

Medical Assistance Continued Benefits

Your medical benefits will automatically be continued when you ask for an appeal before the appeal deadline. You will not have to pay back benefits received during the appeal, even if the judge does not decide in your favor. If you are receiving ALTCS benefits and you have an ALTCS share of cost, the amount you pay for your share will stay the amount you were paying before getting the decision letter.

Requirements to Request an Expedited Medical Assistance Appeal

You can request to have an expedited appeal for Medical Assistance, Medicare Saving Program, or Arizona Long Term Care System. Without an expedited appeal, the agency is required to make a final decision within 90 days.

To be approved for an expedited appeal you must give us a signed statement from a medical provider that includes ***all of the following***:

- The customer has a procedure or treatment scheduled, or the individual is unable to schedule a procedure or treatment due to the lack of coverage.
- The customer does not currently have health insurance that will cover most of the cost of the treatment.
- The customer's health or ability to reach, keep, or regain full functionality will be put at risk if the customer must delay a procedure or treatment for 90 days or less from the date of the appeal request.

The statement from the medical provider must be submitted with this appeal request. If you submit a request for an expedited appeal and you do not submit a statement that meets all of the criteria above, your request for an expedited appeal will be denied.

Name of Participant or Authorized Representative *(Print or Type)*:

_____

Signature of Participant or Authorized Representative: _____ Date: _____

Your Appeal Rights

DES must send you a letter when a decision is made on your case. An appeal is a request for a hearing. A hearing is your chance to explain your case to a judge who will decide if DES made the right decision.

You have the right to:

- Appeal any decision we made that you do not agree with.
- Appeal a decision we do not make on time.
- Ask for a pre-hearing meeting with DES to discuss your case.
- Ask to review your DES case file by contacting an FAA office.
- Get a copy of the law, rule, or policy that we used in your decision.
- Present testimony and evidence at the hearing to support your case.
- Bring a representative or lawyer to the hearing.

What happens when you file an appeal?

- We will send you a notice asking you to contact us for a pre-hearing meeting with DES. This meeting is to see if we may be able to fix the problem. This meeting is optional for you.
- If the problem cannot be fixed, the DES Office of Appeals will send you a notice telling you the date and time of your hearing.

What programs can you appeal?

Cash Assistance, Nutrition Assistance, Medical Assistance, Expedited Medical Assistance, and Tuberculosis Control.

How do you file an appeal?

- Go online to your account at healthearizonaplus.gov
- Fill out this form and turn in the completed form by:
  Faxing:
  The Appeals processing Unit (APU) at 602-257-7058 or
  The Office of Appeals Phoenix: 602-257-7056 or Tucson: 602-257-7055

  You can mail the form to: Department of Economic Security – Appeals
  PO Box 19009, Phoenix, AZ 85005-9009
- Provide a written statement. This statement should include your name, case number or social security number, address, and phone number, the date of the letter you are appealing, and the reason you do not agree with the decision.
- To file a Verbal Appeal Request please call:

Appeals Processing Unit (APU):	Or	**Office of Appeals:**
Phone: 602-774-9279		Phone: 602-771-9019 or Toll Free 877-528-3330

What is the deadline to ask for an appeal?

You must ask for an appeal within:

- 30 days from the date on the decision notice for Cash Assistance and Tuberculosis Control.
- 35 days from the date on the decision notice for Medical Assistance.
- 90 days from the date on the decision notice for Nutrition Assistance.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at https://www.usda.gov/sites/default/files/documents/ad-3027.pdf from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**
   Food and Nutrition Service, USDA
   1320 Braddock Place, Room 334
   Alexandria, VA 22314; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Disponible en español en línea o en la oficina local.