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|  | STATE OF CONNECTICUT  DEPARTMENT OF SOCIAL SERVICES  **Your Right to a Hearing** |

You have the right to ask for a hearing if you do not agree with any of our decisions.

A hearing is a meeting with you, a caseworker, and a Hearing Officer.

The Hearing Officer will listen to the facts and decide if our decision was right or wrong.

At a hearing, you may explain why you do not agree with our decision. You may speak for yourself or have someone else, such as a friend or relative, speak for you. You may also have an attorney speak for you. You may call Legal Services at 1-800-453-3320 to ask about free legal help.

**The best way to ask for a hearing** is to use the attached **HEARING REQUEST FORM** (form number W-534).

If you are asking for a hearing for the Supplemental Nutrition Assistance Program (SNAP), you can also call 1-800-462-0134.

* You have **60 days** from the date of this notice to ask for a hearing **for all programs except SNAP**.
* SNAP has a time limit of **90 days** to ask for a hearing.

**For HUSKY A or Medicaid**

* If you are in a Medicaid spend-down, you benefits may not continue.
* Your benefits will not change if you ask for a hearing before the effective date of this change.
* If the Hearing Officer decides our change was right, you may have to pay us back.
* If the Hearing Officer decides we were wrong, we will pay for any covered health care.

**Other Programs**

* Your benefits will not change if you ask for a hearing within 10 days of this notice. Your benefits will stay the same until the Hearing Officer decides.
* If the Hearing Officer decides our change was right, you may have to pay us back.
* If you let us change you cash benefits and the Hearing Officer decides our change was wrong, we will immediately pay you all the benefits we owe you.
* If you are in the Temporary Family Assistance program, there may be a time limit. You can ask for a hearing at the end of the time limit, but your benefits will stop at the end of the time limit even if the hearing has not yet been held or decided.

**KEEP THIS PAGE FOR YOUR RECORDS**

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| **NON-DISCRIMINATION STATEMENT:**  This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.  The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.  Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), 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. Additionally, program information may be made available in languages other than English.  To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint\_filing\_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:  (1) mail: U.S. Department of Agriculture  Office of the Assistant Secretary for Civil Rights  1400 Independence Avenue, SW  Washington, D.C. 20250-9410;  (2) fax: (202) 690-7442; or  (3) email:  program.intake@usda.gov  For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: <http://www.fns.usda.gov/snap/contact_info/hotlines.htm>.  To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).    This institution is an equal opportunity provider. | **You may also file discrimination complaints or request reasonable accommodations as follows:**  You have the right to make a discrimination complaint if you think we have 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**  **Attn: ADA Coordinator**  55 Farmington Avenue, Hartford, CT 06105  Ph: 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**  25 Sigourney Street, Hartford, CT 06106  Ph: 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  **U.S. Dept. of Health and Human Services**  **Office for Civil Rights**  JFK Federal Bldg, Rm 1875, Boston, MA 02203  Ph: 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 |

**KEEP THIS PAGE FOR YOUR RECORDS**

Use this form only if you want a hearing. **Remember, before you ask for a hearing you may call the Benefit Center for help in solving the problem.**

You can call the Benefit Center between 7:30 AM and 4:00 PM, Monday-Friday. The toll-free Benefit Center phone number is 1-855-626-6632.

Please complete:

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| Name (first, middle, last) | DSS Client ID # | Telephone Number |

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| W-534(Rev. 5/16) | STATE OF CONNECTICUT  DEPARTMENT OF SOCIAL SERVICES  **Hearing Request Form** |

I do not agree with the decision taken on my case. I am requesting a hearing because:

If you were getting benefits before you received the DSS notice and you request a hearing within **10 days** of that notice (or, for Medicaid, any time before the date the action becomes effective), we will keep your benefits 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 these benefits.

Check this box if you **do not** want to keep getting your benefits as they were while the Hearing Officer decides your case.

|  |  |
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| Signature | Date |

Fax this request to (860) 424-5729, or mail the completed form to:

Department of Social Services

Office of Legal Counsel, Regulations and Administrative Hearings

55 Farmington Avenue

Hartford, CT 06105