ARIZONA DEPARTMENT OF ECONOMIC SECURITY Family Assistance Administration

EBT TRANSACTION ADJUSTMENT HEARING REQUEST

See page 2 for your appeal rights and information on how to file an appeal

CLIENT INFORMATION			
Name (Last, First, M.I.):			
HEAplus Application ID:	AZTE	AZTECS Case Number:	
Address (No., Street):			
City:	State:	ZIP Code:	
Phone Number (Include Area Cod	e):		
I WANT TO I	FILE AN EBT TRANSACTION FOR THE FOLLOWING PRO		
Cash Assistance Programs	Nutrition Assistance		
I WANT	TO APPEAL BECAUSE I DO N	NOT AGREE WITH:	
The reason I do not agree with your decision:			
Date of the notice I do not agree w	vith:		
I want my hearing by: Telephor	ne In person at (Select a location b	pelow):	
	Phoenix Tucson		
NOTE: When an option is not se	elected, the hearing will be held by te	lephone.	
I need an interpreter: Yes No (If Yes what language)			
I need an accommodation for a dis	sability: Yes No (<i>If Yes, expl</i>	lain)	
Name (Print or Type):			
, , ,			

The Adjustment will be made if the appeal is not filed within 15 days from the date of the notice.

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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 a 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?

EBT Transaction Adjustment for Cash Assistance Programs (Cash Assistance, Two-Parent Employment Program, Tuberculosis Control, Grant Diversion, Tribal TANF, and Refugee) and Nutrition Assistance.

How do you file an appeal?

- A. Fill out this form and turn in the Completed form by:
 - Faxing: The Appeals Processing Unit (APU) at 602-257-7058 or
 - You can mail the form to: Department of Economic Security Appeals P.O. Box 1009, Phoenix, AZ 85005-9009
- B. 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.
- C. To file a Verbal Appeal Request please call:

Appeals Processing Unit (APU):

Phone: 602-774-9279

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
- 90 days from the date on the decision notice for Nutrition Assistance

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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.