MDHS
MISSISSIPPI DEPARTMENT OF HUMAN SERVICES

Robert G. Anderson
Executive Director

MDHS-OIG-220
Revised 5/3/2023

MDHS PROGRAMMATIC DISQUALIFICATION ACTIONS
GOOD CAUSE FOR FAILURE TO APPEAR

If you failed to appear for your Programmatic Administrative Disqualification Action hearing, you have the right to establish "good cause" for your failure to appear within ten (10) days after the date of the hearing. "Good cause" means that you had a legally sufficient reason for your failure to appear for your Programmatic Administrative Disqualification Action hearing.

You may request a good cause determination by completing this form and returning this form to the Division of Administrative Hearings via email. You may submit evidence in support of your request for a good cause determination. During your good cause determination, you may be represented by a household member or a representative, such as legal counsel, a relative, a friend, or another spokesperson, if necessary.

Please send an electronic copy of the completed form to the following email address:

admin.hearings@mdhs.ms.gov

REQUEST FOR A GOOD CAUSE DETERMINATION

I want to request a good cause determination for my failure to appear for a disqualification action concerning my participation in the following MDHS program(s):

☐ SNAP ☐ TANF

☐ DECCD Child Care Payment Program ☐ DECCD Child Care Strong

☐ Other:

CONTACT INFORMATION FOR DETERMINATION:

Please contact the following representative for the purposes of my good cause determination:

Name: Case Number:

Phone Number: Email:

Mailing Address:

BASIS FOR GOOD CAUSE DETERMINATION:

Please be as descriptive as possible. The reason(s) why I should be granted good cause for my failure to appear is:

Please enclose all evidence that you would like a Hearing Officer to review during your good cause determination. Copies of evidence must be sent via email.

Signature:_____ Date Signed:_____