

## **MDHS PROGRAMMATIC APPEALS**

You have the right to request a hearing on any adverse action by the agency or loss of benefits that occurred in the last 90 days. You may do so by completing this form and returning this form to the Division of Administrative Hearings via email. Your case may be represented by a household member or a representative, such as legal counsel, a relative, a friend, or another spokesperson.

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

**[admin.hearings@mdhs.ms.gov](mailto:admin.hearings@mdhs.ms.gov)**

**For SNAP/TANF Recipients Only:** If you request a hearing within ten (10) days from the date of the notice of the adverse agency action, you can receive SNAP/TANF benefits until your hearing is decided or your certification period ends, whichever comes first. If, however, the hearing finds that the adverse agency action was proper, your household will owe MDHS the value of the extra benefits received. You may still request a hearing after 10 days, but you will not be able to receive SNAP/TANF at your current rate.

### **REQUEST A MDHS STATE OFFICE PROGRAMMATIC APPEAL**

I want to request a State Office hearing to discuss an adverse agency action taken against my:

SNAP            TANF

DECCD Child Care Payment Program            DECCD Child Care Strong

Other:

#### **For SNAP/TANF Recipients Only:**

I **want** my SNAP/TANF benefits to continue until the hearing is decided or my certification period ends.

I **do not want** my SNAP/TANF benefits to continue until the hearing is decided or my certification period ends.

I understand that if I have not checked either block, this means that I have chosen to have my SNAP/TANF benefits continue.

**CONTACT INFORMATION FOR APPEAL:**

Please contact the following representative for the purposes of my appeal:

Name:

Case Number:

Phone Number:

Email:

Mailing Address:

**BASIS FOR MDHS PROGRAMMATIC APPEAL:**

Please be as descriptive as possible. The reason for my appeal is:

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

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_