

MDHS Programmatic Fair Hearing

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 of the completed form to the following email address:

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 the current rate.

For CSBG/LIHEAP/Weatherization Assistance Program (WAP) Recipient's Only: If you are denied at the agency level and have met all the criteria for a completed application, but still feel you are eligible for services for the following reason(s):

- Disagreement with the denial itself
- Incorrect information or assessment
- Procedural error
- Discrimination
- Failure to make a timely decision
- Changes in circumstances
- Other: (Please provide reason)

Clients must first exhaust the Agency Level appeal process before requesting a Fair Hearing with the Mississippi Department of Human Services (MDHS).

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

SNAP TANF CSBG/LIHEAP/Weatherization (WAP)

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 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 SNAP/TANF benefits continue.

CONTACT INFORMATION FOR FAIR HEARING:

Please contact the following representative for the purposes of my Fair Hearing:

*Applies to CSBG/LIHEAP/Weatherization Assistance Program (WAP)

Name:	Case Number:
Household ID:*	Phone Number:
Email:	Mailing Address:
Community Action Agency/ Human Resource Agency: *	
Date of Agency Appeal Hearing: *	

BASIS FOR MDHS PROGRAMMATIC FAIR HEARING:

Please be as descriptive as possible: The reason for my fair hearing is:

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

Signature: _____

Date Signed: _____