

INSTRUCTIONS

Remember to attach proof of income, resources, child care or sick/disabled person expenses. For income, proof is paystubs or employer's statement(s). Proof for self-employment income, renting rooms, apartments or furnishing board is paystub, employer's statements, personal or business records kept about renting rooms, apartments or furnishing board.

PENALTIES

If you receive cash assistance and the Semiannual Reporting Form is late or incomplete for earned income, you will not receive any deductions (work incentive, work expenses, or child care) for cash assistance unless you can prove "good cause" (that is, it wasn't your fault that you did not report your earnings information). Loss of these deductions may affect your eligibility or the amount of your check and/or food stamps.

If you receive child care and you have not sent proof of child care costs, you or your provider will not be paid until it is received.

YOU MAY CLAIM "GOOD CAUSE" if you have a good reason for not being able to complete this form or for returning it late. To claim "good cause", you must state your reason(s) in the space provided, sign where indicated below and return this form to the county assistance office within **30 days** from the date of this notice. You may also claim "good cause" orally by contacting your worker, but you must still return this form to the county assistance office.

I AM CLAIMING "GOOD CAUSE" BECAUSE:

DPW USE ONLY

APPROVED	NOT APPROVED
SUP. AUTH	

CLIENT SIGNATURE

YOU HAVE THE RIGHT TO APPEAL AND TO HAVE A FAIR HEARING if you are dissatisfied with any decision to suspend or stop your benefits. At the hearing you can present the reasons for the appeal and present evidence or witnesses in your own behalf. You have the right to act for yourself or to have anyone act for you. A staff member of the county assistance office will refer you for free legal help upon request. You must request a hearing within **30 days** from the date of this notice, except that appeals on food stamp changes must be received within **90 days** from the beginning date of the change in your benefit. If your oral or written appeal is received within **10 days** from the mailing date of this notice, the change will not be made. You will continue to receive your cash and/or medical benefits until the hearing decision is made. If you receive food stamps, you will continue to receive your food stamps until the hearing decision is made or the end of your food stamps eligibility period, whichever comes first. However, future eligibility and the amount of your cash and/or food stamps will be affected by other reported changes. If the final decision of the hearing officer is not in your favor, any cash assistance or food stamp benefits received until the hearing decision was made will be an overpayment and you may have to pay it back.

TO APPEAL AND REQUEST A HEARING FOR YOUR CASH ASSISTANCE, AND/OR MEDICAID BENEFITS, you may make an oral request by calling your worker **BUT** you must sign this form, state the reason(s) for your appeal and return this form to your county assistance office at the address shown on the reverse side of this form.

TO APPEAL AND REQUEST A HEARING FOR FOOD STAMPS, you may make an oral request by calling your worker **OR** sign this form, state the reason(s) for your appeal and return this form to your county assistance office at the address shown on the reverse side of this form or do both.

I AM APPEALING THE REQUIREMENT THAT I MUST TAKE PART IN SEMIANNUAL REPORTING BECAUSE:

**SIGN HERE IF
YOU ARE
FILING AN
APPEAL**



CLIENT SIGNATURE

DATE

CLIENT REPRESENTATIVE

DATE

TELEPHONE NO.

TELEPHONE NO.

(USE THE ENCLOSED ENVELOPE TO RETURN THIS FORM)