

**Department of Human Services (DHS) or Oregon Health Authority (OHA) completes this part**

Date of notice: / /	Date <b>Received</b> by DHS or OHA: <i>(Request can be verbal for SNAP)</i> / /	Program no.:	Cost center/branch no.:	Case number:	Worker ID:
Is claimant English speaking? <input type="checkbox"/> Yes <input type="checkbox"/> No		Alternate format <input type="checkbox"/> Yes <input type="checkbox"/> No		If "yes," please specify;	
If no, claimant understands:		<input type="checkbox"/> Braille	<input type="checkbox"/> Audio tape	<input type="checkbox"/> Large print	<input type="checkbox"/> Diskette <input type="checkbox"/> Oral presentation

**Claimant or claimant's representative completes this part**

If you want a hearing for cash, child care, or medical benefits, you or your representative must fill out this form. You can also use this form to ask for a food benefit hearing, but you are not required to. An employee at your branch office can help you complete this form.

Claimant's name:	Telephone number: - -	Message number: - -
Address:	City:	State: ZIP code:
Name of lawyer or representative:		Telephone number: - -
Address:	City:	State: ZIP code:

I am asking for a hearing because I do not agree with the decision to  Close  Reduce my benefits

Deny  Charge me with an overpayment  Other:

I did receive a written notice to deny my application or to reduce or close

I did not my benefits.

**Date of the notice:**  
/ /

Program(s) Involved:  Medical  TANF (Cash)  Child Care  SNAP (Food benefits)

Long-Term Care  Domestic Violence  Other:

Briefly explain why you disagree.

**Please read "part 3" on the back of this form for information about expedited hearings.**  
Check this box if you meet the requirements for an expedited hearing.

**Before you answer this question, please read "part 2" on the back of this form.**  
Do you want your benefits to stay the same (not be reduced or stopped) while you wait for the hearing?  Yes  No  
*(Note: Your benefits may change if something else happens that affects the amount.)*

**The administrative law judge may conduct the hearing by phone.**  
In a telephone hearing, the administrative law judge participates by phone. The client may be at the branch or another place. I understand I will be asked to have an informal conference with an agency representative.

Claimant's signature (or claimant's representative):	Claimant's Social Security or case number:	Date:
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The Department of Human Services (DHS) and the Oregon Health Authority (OHA) are authorized to request your Social Security Number (SSN) under 42 USC 1320b-7(a) and (b), 7 USC 2011-2036, 42 CFR 435.910, 42 CFR 435.920, 42 CFR 457.340(b), and OAR 461-120-0210. Your SSN will be used to locate your file and records. Providing an SSN is voluntary.

**DHS/OHA completes this part**

DHS representative for this matter:	Date: - -	Issue code:	Telephone number: - -
Issue resolved at branch level? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ordered issued:</b> <input type="checkbox"/> Client withdraw <input type="checkbox"/> Agency withdraw <input type="checkbox"/> Dismissal		

# Your Hearing Rights

## What you can do when you do not agree with this decision:

- You have the right to challenge this decision by requesting a hearing. Hearings are held by the Office of Administrative Hearings, which is independent from the Department of Human Services (DHS) or Oregon Health Authority (OHA). DHS or OHA may make decisions affecting your medical benefits. **If you want a hearing, you must request it on time.** For more information, see part 1 below.
- You can also talk with a manager. If not, you can call a local office phone number listed at <http://www.oregon.gov/dhs/localoffices/localoffices.pdf>. Your deadline date to request a hearing (*part 1 below*) does not change even if you are in contact with a manager or are trying to reach one. If you still need further assistance, you may contact the Governor's Advocacy Office at 1-800-442-5238.

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## Part 1 — Ask for a hearing.

**What must I do to get a hearing?** For all benefits except Supplemental Nutrition Assistance Program (SNAP) food benefits, you must fill out an Administrative Hearing Request form (MSC 0443) and return it to a DHS or OHA office. You can get this form at a DHS or OHA office or on the web at <https://apps.state.or.us/Forms/Served/me0443.pdf>. For food benefits, you can ask for a hearing on MSC form 0443, by phone, in writing or by asking a DHS employee in person. Your local office can help you. In most cases, DHS or OHA must receive your request within 45 days from the date identified as the sending date on the decision notice. You have 90 days for food benefits and for Temporary Assistance for Needy Families (TANF) reductions for not cooperating with your case plan. You may request a hearing at any time if you disagree with the current amount of your food benefits.

**Who can help with my hearing?** In the SNAP and medical programs, any adult may represent you. In all other programs, you must represent yourself or have a lawyer or a legal assistant (*supervised by a Legal Aid attorney*) represent you. You may call the Public Benefits Hotline (*a program of Legal Aid Services of Oregon and the Oregon Law Center*) at **1-800-520-5292** for advice and possible representation.

**What are my other hearing rights?** At the hearing, you can tell why you do not agree with the decision. You can have people testify for you. The laws about your hearing rights and the hearing process are at OAR 137-003-0501 to 0700, 410-120-1860, 410-141-0264, 461-025-0300 to 0375, ORS 183.411 to 183.470 and ORS 411.095.

**What happens if there is no hearing?** If you do not ask for a hearing on time, or if you withdraw the hearing request or miss your hearing, you may lose your right to a hearing. This notice will be the final DHS or OHA decision (*called a "final order by default"*). You will not get a separate final order by default. The case file, along with any materials you submitted in this matter, is the record. The record is used to support the DHS decision upon default. You may appeal the final order by default by filing a petition in the Oregon Court of Appeals (ORS 183.482). If you do not ask for a hearing, this appeal must be filed within **60 days** of the date this notice becomes a final order, by default. If you withdraw a hearing request or miss your hearing, the appeal deadline is set out in the dismissal order.

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## Part 2 — How can I keep getting benefits until my hearing?

- You can ask for your benefits to stay the same until the hearing decision (*"continuing benefits"*). In all programs other than SNAP, you must ask on the Administrative Hearing Request form (MSC 0443). For SNAP benefits, use MSC form 0443, phone, write or ask a DHS employee in person.
- You must ask your branch for continuing benefits by either the "effective date" on the notice or **10 days** after the date identified as the sending date of the notice. To keep getting benefits, you must ask by whichever date is *later*.
- If you keep getting benefits but lose the hearing, you must pay back the benefits you should not have received.
- If you don't keep getting benefits and win the hearing, DHS or OHA will give you the benefits you should have received.

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## Part 3 — Can I have my hearing within five working days?

You may have the right to an "expedited hearing" for any of the following types of benefits or events:

- Expedited or emergency food benefits;
- JOBS and Pre-TANF payments;
- Temporary Assistance for Domestic Violence Survivors (TA-DVS) eligibility and payments;
- While receiving medical benefits, you are denied a medical service for an immediate, serious threat to your life or health; or
- DHS or OHA denied your request to keep getting benefits until your hearing.

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The Department of Human Services (DHS) and the Oregon Health Authority (OHA) do not discriminate against anyone. This means that DHS|OHA will help all who qualify and will not treat anyone differently because of age, race, color, national origin, gender, religion, political beliefs<sup>1</sup>, disability or sexual orientation<sup>2</sup>. You may file a complaint if you believe DHS or OHA treated you differently for any of these reasons.

<sup>1</sup>SNAP clients are protected against political belief discrimination.

<sup>2</sup>Sexual orientation is protected by the State of Oregon, but not federal laws.