



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Request for a Fair Hearing

Return this form to your worker.

Notice: This form must be returned to your local OKDHS office by either:

- 15 days from the date that OKDHS mails this form to you, or gives this form to you; or
- 30 days from the date of the notice you are appealing, whichever date is later.

If you are getting assistance payments or services, to keep your benefit while the appeal is pending, follow the instruction in the Important notice on page two.

The local office completes this section before Form 13MP001E is given to client:

County name and number	Case name	Case number
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Date client first indicated he or she wanted a hearing, orally or in writing: _____

Is this request timely, as defined by OKDHS policy? Yes No
Food stamps - 90 days from notice. All other programs - 30 days from notice.

Date Form 13MP001E given to client	Date local office received Form 13MP001E
Worker name and number OR local nurse name, number, and location	
Supervisor name and number OR area nurse name, number, and location	

Attach notice for Appeals Unit. If none attached, explain:

Issue being appealed:

See reverse for Client Section

I. Request. To be completed by OKDHS client.

I request an administrative fair hearing before an administrative hearing officer of OKDHS for the following reasons: Attach additional pages if more space is needed.

Important notice for recipients of assistance payments or services**Your benefits may continue until the hearing decision is issued if:**

- within ten days of the date of the notice of change or termination of your case, you tell OKDHS you want to appeal and for your benefits to be continued; and
- OKDHS receives this form from you within 15 days of the date OKDHS gave you this form or mailed this form to you. If you are appealing an overpayment, there will be no collection of the current overpayment until a hearing decision is issued.
- If you are receiving food stamps and your certification period expires before the hearing decision is issued, your benefits will end but you may reapply for food stamps and have your current eligibility determined by your local OKDHS office.
- If your benefits are continued and the hearing decision is not in your favor, a claim will be made against you for all benefits received while the appeal was pending.

I want my benefits to continue until the hearing decision is issued. Yes No

II. Signature. This form must be signed.

Signature of client authorized representative _____ Date _____

Client's name (Print)				
Name of signer (Print)			If representative, relation to client	
Signer's mailing address	Apt.	City	State	Zip