

Purpose of form

Form 13MP001E is used when a client or authorized representative requests a fair hearing in the programs described at OAC 340:2-5-61. This form is not required in Food Stamp Program appeals.

Instructions

Form 13MP001E is completed at the earliest possible date because the legal deadlines for issuing a hearing decision are triggered by the date the client or authorized representative indicated that a hearing was desired.

The form may be completed by the client or authorized representative in the local human services center (HSC) **OR** given or mailed directly to the client or authorized representative to complete. If the client or authorized representative refuses to complete Form 13MP001E, the HSC staff completes the form, except for the signature and routes the form in the usual manner.

Information on page one must be completed by the HSC staff before Form 13MP001E leaves the HSC the first time. The identifying information includes:

County name/number. For example, Beckham 05C.

Date client first indicated that he or she wanted a hearing. This is the date the client first contacted OKDHS and expressed a wish to have a hearing.

Is this request timely, as defined by OKDHS policy? This refers to whether the client first contacted OKDHS about a hearing within 90 days in the Food Stamp Program and 30 days in all other programs. See OAC 340:2-5-61. If the request is not timely, Form 13MP001E must be accepted and submitted to the Appeals Unit. If the request is not timely and was submitted by mail, attach a copy of the envelope in which it was received. If received by any other means, attach a memo describing the circumstances.

Date Form 13MP001E given to client: This is the date Form 13MP001E is given to client or authorized representative.

Date local office received Form 13MP001E. If completed in the HSC, it is the date completed. If mailed by the client to the HSC, the date is the postmark or postage meter mark, if legible. If not legible, show the date actually received by the HSC. If transmitted by other means, use the date actually received in the HSC.

Worker name and number OR local nurse name and number/supervisor name and number OR area nurse name and number: The name and number of the **current** worker and supervisor is needed to insure proper processing and tracking of the fair hearing request within the Appeals Unit. This information is also needed to indicate who will be responsible for handling the appeal in the HSC. If the appeal relates to the ADvantage Waiver, fill in the area nurse and local nurse names, numbers, and location (county).

Attach notice for Appeals Unit. The only time a notice is not attached is when the client is appealing OKDHS failure to act.

Request. This section is usually completed by the client or authorized representative. However, if assistance is needed, an OKDHS employee may complete this section.

Signature. This section is usually completed by the client or authorized representative. However, if assistance is needed, an OKDHS employee may complete all of this section except for the signature. The HSC staff must make sure that all information is provided, including an indication of whether it is the client or authorized representative who is signing the form. A representative who is not a lawyer may be required to show proof of his or her authorization to represent the client. Proof may be a written authorization from the client; personal contact with the client; or telephone contact with the client. **Date signed** is critical for the Appeals Unit to determine if the appeal is timely.

Routing

The original copy is sent to the Legal Division, Appeals Unit. A copy is given to the client or authorized representative and another copy filed in the client's case record.