



**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 human services center (HSC) by either:

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

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

**The HSC staff completes this section before Form 13MP001E is given to client:**

|                        |           |             |
|------------------------|-----------|-------------|
| County name and number | Case name | Case number |
|------------------------|-----------|-------------|

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 HSC 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 being appealed for Appeals Unit. If none attached, explain:

Issue being appealed:

**I. Request. To be completed by OKDHS client.**

I request an administrative fair hearing before an OKDHS administrative hearing officer 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 ten 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 benefits and your certification period expires before the hearing decision is issued, your benefits will end, but you may reapply for food benefits and have your current eligibility determined by your local HSC 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 |                                       |