IDAHO DEPARTMENT OF HEALTH & WELFARE

Contact the Department

Mail:	P.O. Box 83720, Boise, ID 83720-0026
Phone:	1-877-456-1233 or 1-208-332-7205 (TTY)
Fax:	866-434-8278 (Toll Free)
Email:	mybenefits@dhw.idaho.gov

Fair Hearing Rights and Request Form

You have the right to ask for a hearing if you disagree with the Department's action. You have **90 days** to ask for a hearing for Food Stamps (SNAP), Aid to the Aged, Blind, or Disabled (AABD) cash, and AABD Medicaid. You have **30 days** to ask for a hearing for all other programs including Idaho Child Care Program (ICCP), Temporary Assistance for Families in Idaho (TAFI), and all other Medicaid programs. These timeframes start the date the Department gave or mailed you a notice.

Please be advised that a review of eligibility will be assessed for all members of the household at the time this appeal is considered.
To request a hearing or a legal aid referral, call **(877) 456-1233** or email us at **mybenefits@dhw.idaho.gov**. At the hearing, you may represent yourself, use legal counsel, a relative, a friend, or other spokesperson.

If you believe you have been discriminated on the basis of age, color, disability, national origin, gender, religion, race, or political belief, please see the second page of this form for information.

Complete the information below and send it to the Department to ask for a hearing. If you have questions or want to file a hearing over the phone, contact us at (877) 456-1233.

Your Contact Information

First Name	Middle Name	Last Name	Date of birth	Case number

Mailing address	City	State	Zip code

Email address	Daytime phone

I disagree with the Department's decision regarding my eligibility for the following program(s):

- ☐ Food Stamps
- ☐ Aid to the Aged, Blind or Disabled (AABD) Cash
- ☐ Medicaid
- ☐ Idaho Child Care Program (ICCP)
- ☐ Temporary Assistance for Families in Idaho (TAFI)
- ☐ Other: _____

Choose to continue or stop benefits

Child Care benefits may not be continued.

☐ **I want to continue receiving benefits until the hearing.** I understand I will have to repay the value of the benefits received between the time the Department took action and the hearing decision if the hearing officer agrees with the Department's action. ***You must request continuation of benefits within 10 days of the date the Department gave or mailed you a notice.***

☐ **I do not want to continue receiving benefits until the hearing.** If the hearing officer does not agree with the Department's action, I will then receive any benefits to which I am entitled.

Explain why you disagree with the Department's decision:

Attach another sheet if you need to provide more information than space allows.

Your rights

Accessibility and interpretation services

The Idaho Department of Health and Welfare (IDHW) offers the following services free to you. Please ask if you need the following assistance to communicate more effectively with us:

- Assistance in understanding this form
- Accommodation for a disability
- Language Interpreter

To access any of these services, please call: 1-877-456-1233 or 1-800-377-3529 (TTY) for those with a hearing impairment.

Appeal/Hearing

You have the right to ask for a hearing if you disagree with IDHW's action. You have 90 days to ask for a hearing for Food Stamps, and 30 days for Temporary Aid for Families in Idaho (TAFI), Idaho Child Care Program (ICCP), Aid to the Aged/Blind/Disabled (AABD) Cash, and Medicaid. These timeframes start the day after IDHW gave or mailed you the notice of this decision. In certain instances, you may be eligible to continue receiving your benefits while your appeal is being considered. If your appeal is denied, you will be liable to repay any benefits received during this period. If you are interested in pursuing this option, your appeal must be received within ten (10) days of this notice. Please ask about this option when requesting an appeal.

Please be advised that a reevaluation of eligibility will be assessed for all members of the household at the time this appeal is considered.

To request a hearing or a legal aid referral, call 1-877-456-1233, email us at mybenefits@dhw.idaho.gov, or fill out and submit the Fair Hearing Request Form at mybenefitforms.dhw.idaho.gov. At the hearing, you may represent yourself, use legal counsel, a relative, a friend, or other spokesperson.

Discrimination

In accordance with federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, IDHW is prohibited from discriminating, excluding people, or treating them differently on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. If you believe you have been discriminated against, please contact HHS, USDA or IDHW at:

U.S. Department of Health and Human Services
200 Independence Ave, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (Voice)
1-800-537-7679 (TTY)

USDA Office of Adjudication
1400 Independence Ave. S.W.
Washington, D.C. 20250-9410
1-800-795-3272 (Voice)
1-800-877-8339 (TTY)

Idaho Department of Health and Welfare
Civil Rights Manager
P.O. Box 83720
Boise, ID 83720-0036

For more information about the Idaho Department of Health and Welfare's nondiscrimination policy, visit:
healthandwelfare.idaho.gov

Español (Spanish)	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-456-1233 (TTY: 1-800-377-3529).
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-456-1233（TTY：1-800-377-3529）。
Srpsko-hrvatski (Serbo- Croatian)	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-456-1233 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-377-3529).
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-456-1233 (TTY: 1-800-377-3529)번으로 전화해 주십시오.
नेपाल (Nepali)	ध्यान दिनुहोस्: तपाईंले नेपाली ब?ोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उप?लब्ध छ । फोन गर्नुहोस् 1-877-456-1233 (टिटिवाइ: 1-800-377-3529) ।
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-456-1233 (TTY: 1-800-377-3529)
العربية (Arabic)	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-456-1233 (رقم هاتف الصم والبكم: 1-800-377-3529).
Deutsch (German)	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-456-1233 (TTY: 1-800-377-3529).
Tagalog (Tagalog/ Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-456-1233 (TTY: 1-800-377-3529).
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-456-1233 (телетайп: 1-800-377-3529).
Français (French)	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposes gratuitement. Appelez le 1-877-456-1233 (TTY: 1-800-377-3529).
日本語 (Japanese)	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-456-1233（TTY:1-800-377-3529）まで、お電話にてご連絡ください。
Română (Romanian)	ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-877-456-1233 (TTY: 1-800-377-3529).
Ikirundi (Bantu-Kirundi)	ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-877-456-1233 (TTY: 1-800-377-3529).
ظفی (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما .بگیرید تماس 1-877-456-1233 (TTY: 1-800-377-3529) با. باشد می ف