DSS-2807 (10-2007)
Part II
Performance Management/
Reporting & Evaluation Mgt.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Social Services

Part II, Report on Local Hearings

A. County: _____ ____ (Name / No.) B. Date Hearing Requested: ___ ___ ___ (MM DD YY)

C. Name of Appellant: _____ _____ _____ (Last / First / M.I.)

D. Category of Assistance — Select One

1. Medical Assistance 1
2. Work First Family Assistance (Prog. 26) 2
3. N/A (Reserved for future use)..... 3
4. State/County Special Assistance (Rest Home) 4
5. Certain Disabled (Prog. 32) 5
6. Food and Nutrition Services 6
7. Services 7
8. Energy Assistance 8
9. Refugee Assistance 9
10. Other – **Specify** _____ 0

E. Agency Action Which Resulted in the Hearing Request — Select One

1. Application Denial 1
2. Delay in Determining Eligibility 2
3. Assistance Discontinued 3
4. Amount and/or Form of Payment 4
5. Decision Regarding Employment Program Registration..... 5
6. Decision Regarding Non-Exempt Employment Program Status 6
7. Termination Due to Monthly Reporting Requirements..... 7
8. Other, Specify: (include decisions regarding amount of Medical Assistance) _____ 8

F. Method of Disposing of Hearing and Outcome: — Select One

1. Hearing Held Decision:
   a. In favor of Appellant..... 1
   b. Not in favor of Appellant
      i. Appellant filed request for State Office Hearing 2
      ii. Appellant did not request State Office Hearing 3
      iii. Time not expired for request for State Office Hearing 4

(over)

Method of Disposing of Hearing and Outcome (cont'd)

2. Hearing Not Held:

a. Appellant withdrew request

i. Change in favor of Appellant..... 5
ii. No change in favor Appellant..... 6

b. Death of Appellant..... 7
c. Unable to locate Appellant..... 8
d. Appellant failed to show..... 9

G. Date Local Hearing Held: ___ ___ ___
MM DD YY

H. Date Appellant Notified of Local Hearing Decision: ___ ___ ___
MM DD YY

I. Good Cause Delay_____

J. Basis for Appellant's Request: Select One

1. Protested Policy..... 1
2. Challenged Law of Policy..... 2
3. Protested Facts or Judgement of Agency..... 3

K. Principal Issue in Hearing: Select One

1. Need and/or Requirements:

a. Basic Needs..... 1
b. Special Needs..... 2
c. Employment Expenses..... 3

2. Income and/or Resources:

a. Income of Appellant..... 4
b. Income of Others..... 5
c. Contribution..... 6
d. Real Property..... 7
e. Personal Property..... 8

3. Income – Disregards..... 9
4. Eligibility Factors Other than Need or Income..... 0

L. Representation of Appellant During Hearing

1. Private Attorney..... 1
2. Other Legal Counsel..... 2
3. Self..... 3
4. Other – Specify: _____
_____

M. Completed by _____ Date: ___ ___ ___
Name of Worker MM DD YY

PRINT RESET FORM