



North Carolina Department of Health and Human Services

Hearings and Appeals Section

2418 Mail Service Center • Raleigh, North Carolina 27699-2418

Tel 919-855-3260 • Fax 919-715-1910

REQUEST FOR STATE APPEAL

1473-Addendum for Program Integrity Food and Nutrition Services

(To be completed by PI & submitted with DSS-1473 within 5 days of Appeal Request Date – Print legibly)

County: _____ DSS Address: _____
(Address of county office = location of hearing)

Appellant: _____ SSN: _____

State Disqualification Hearing

Check Yes or No

- Administrative Disqualification Hearing held? Date: _____
Administrative Disqualification Hearing decision received? Date: _____
ADH Hearing decision letter and DSS-8558 mailed by certified mail? Date: _____
Did the 15 calendar day appeal period (plus mailing days) expire? Date: _____
Did Appellant have good cause (determined by local Hearing Officer)? Date: _____
Was the disqualification established in EPICS? Date: _____

List a brief description as to why this Appellant was disqualified:

Fair Hearing

Check Yes or No

- DSS-8554 Letter of Overissuance was mailed out? Date: _____
Did Appellant have good cause for appealing ADH decision outside the 15 day appeal time frame? (determined by the local Hearings Officer)

NOTE: If good cause was not provided by the Appellant and the 15-day appeal time limit has expired from the ADH decision, then this hearing request can only be for a Fair Hearing. The disqualification cannot be adjudicated at this Fair Hearing and cannot be listed as part of the reason for the Fair Hearing on the DSS-1473. If the Appellant DOES have good cause for the ADH, then a separate DSS-1473 must be completed and sent to Hearings & Appeals Section.

Check Yes or No

- Are there any other debtors on this claim? List: _____
Did any of the other debtors request a Fair Hearing? (Separate DSS-1473 needed for each) Name(s) _____ Hearing Date(s) for other debtors: _____ Date: _____
Was a local conference held or scheduled? Date: _____

List a brief description as to why there was a FNS overissuance:

ATTACH A COPY OF THE FOLLOWING TO THIS REQUEST FOR STATE APPEAL

Items Required for State Disqualification Hearing

Check Yes or No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Administrative Disqualification Hearing Summary |
| <input type="checkbox"/> | <input type="checkbox"/> | Administrative Disqualification Hearing Decision |
| <input type="checkbox"/> | <input type="checkbox"/> | DSS-8558 - Action Taken on Your Disqualification Hearing |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of Certified Mail |
| <input type="checkbox"/> | <input type="checkbox"/> | EPICS/NCFAS T Printouts |
| <input type="checkbox"/> | <input type="checkbox"/> | Rights and Responsibility |
| <input type="checkbox"/> | <input type="checkbox"/> | Application/Recertification |
| <input type="checkbox"/> | <input type="checkbox"/> | DSS-8556 - Advance Notice of Disqualification Hearing |
| <input type="checkbox"/> | <input type="checkbox"/> | Manual Sections |
| <input type="checkbox"/> | <input type="checkbox"/> | EBT Transactions (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Narrative |
| <input type="checkbox"/> | <input type="checkbox"/> | Any other relevant documents used as evidence to show an IPV occurred |

List a brief description as to why this Appellant has requested a State Disqualification Hearing to dispute the decision from the local county Administrative Disqualification Hearing:

Items Required for Fair Hearing

Check Yes or No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | DSS-8554 Letter of Overissuance or email to Automation requesting DSS-8554 |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of Summary and all evidence from ADH (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Application/Recertification |
| <input type="checkbox"/> | <input type="checkbox"/> | EPICS / NCFAS T Printouts |
| <input type="checkbox"/> | <input type="checkbox"/> | Manual Sections |
| <input type="checkbox"/> | <input type="checkbox"/> | EBT Transactions |
| <input type="checkbox"/> | <input type="checkbox"/> | DSS-1682 Report of Erroneous Issuance |
| <input type="checkbox"/> | <input type="checkbox"/> | Program Integrity Trial Budgets |
| <input type="checkbox"/> | <input type="checkbox"/> | DSS-8231 Request for Information |
| <input type="checkbox"/> | <input type="checkbox"/> | Printout of IEVS Inquiries |
| <input type="checkbox"/> | <input type="checkbox"/> | Narrative |
| <input type="checkbox"/> | <input type="checkbox"/> | Any other relevant documents/evidence in the determination of the overissuance |

List a brief description as to why this Appellant has requested a Fair Hearing to dispute the claim amount, recoupment amount, or that the claim has been paid off:

I understand that the record of evidence must be sent with this DSS-1473A and that I will provide my State Hearing Summary within 10 days from the date the DSS-1473 and DSS-1473A was sent to the Hearings & Appeals Section.