



State of Utah  
Department of Workforce Services & Department of Health  
and Human Services  
**FAIR HEARING REQUEST**

You have the right to request a fair hearing before an Administrative Law Judge if you disagree or are dissatisfied with any action of the Department of Workforce Services that affects your public assistance benefit or benefit amount. The Administrative Law Judge cannot change eligibility rules or policy, but decides if your eligibility was correctly determined.

**NOTE: Speaking with your assigned eligibility team or supervisor MAY help resolve any questions or disagreement with the action taken - you can reach them by calling 1-866-435-7414.**

**WAYS TO SUBMIT A FAIR HEARING REQUEST:**

- 1.) Call 1-877-837-3247 (toll free)
- 2.) Fill out this form and fax it to: 877-824-6534 (toll free)
- 3.) Fill out this form and mail it to: Department of Workforce Services – Fair Hearings  
PO Box 143245  
Salt Lake City, UT 84114-3245

**COMPLETE THIS FORM ONLY IF YOU WANT TO REQUEST A FAIR HEARING**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Case # \_\_\_\_\_

Social Security #: \_\_\_\_\_

**Please specify which program(s) you are filing a hearing for:**

- SNAP       FINANCIAL       CHILD CARE       MEDICAL
- OTHER (please specify): \_\_\_\_\_

**I am asking for a fair hearing because:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I will be represented by:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**CONTINUATION OF YOUR ASSISTANCE DURING THE APPEAL PROCESS:** (Section 125-3 #2)

- Assistance **will not** be continued for a review closure or application denial for any assistance program.
- Assistance **will not** be continued for any reduction or termination of Financial or Child Care assistance.
- For SNAP, Refugee, and Medical Assistance the assistance you were receiving before the decision **may be continued** during the appeal process **if the request for a fair hearing is made within 10 days for SNAP and/or Refugee Assistance and within 15 days for Medical Assistance from the date of the notice that stated the change.**

- If the fair hearing decision supports the Department's action, **you will have to pay back any continued assistance**. For medical assistance this will include the premium payments to the HMO, if applicable, and premium payments to the mental health provider, even if you did not directly receive medical or mental health services. Any other medical services received on a fee-for-service basis will also be subject to recovery.
- If you **DO NOT** wish to continue to receive your current level of assistance pending the appeal decision, please check the box below:
  - BY CHECKING THIS BOX, I UNDERSTAND THAT UNTIL AN APPEAL DECISION IS MADE THE REDUCTION OR ENDING OF SNAP, REFUGEE, AND/OR MEDICAL ASSISTANCE WILL REMAIN IN PLACE.** If the box is not checked, the current level of SNAP, Refugee, and/or Medical assistance may continue if otherwise eligible. You will be required to repay any assistance received if the appeal decision affirms the Department's decision.

**FAIR HEARING TIMEFRAMES AND LEGAL ASSISTANCE:**

- **Deadline:** A fair hearing will only be granted if you **request it within 90 days of the date of the notice** with which you disagree. For SNAP, you may also request a fair hearing at any time during the review period if you disagree with your benefit amount.
- **Standard timeframes:** Generally, hearings are scheduled and a decision is reached within 60 days (up to 90 days for medical programs) from the date you submit the request, but may be resolved earlier.
- **Expedited medical hearing:** You may request an expedited fair hearing on a Medicaid or CHIP issue if you can verify that waiting the standard timeframe for a hearing could jeopardize your life, health or ability to attain, maintain, or regain maximum function.
  - Check this box if you are requesting an expedited medical hearing because waiting the standard timeframe for a hearing could jeopardize your life, health or ability to attain, maintain, or regain maximum function.*

You should include justification for an expedited hearing, including any supporting documentation, with your fair hearing request. If you fail to provide sufficient justification, the request for an expedited hearing will be denied and the hearing will be processed in the standard timeframe.

If you do not receive an expedited answer within seven (7) days of the day you submit this request, or if you have questions, contact the Fair Hearing Team at 1-877-837-3247.
- **Legal assistance or other help:** You have the right to bring an attorney or any other person to represent you at the fair hearing. You may be eligible for free legal assistance from Utah Legal Services: 801-328-8891; or toll free at 800-662-4245. You may also receive a referral for legal advice from the Utah Lawyer Referral Service at (801) 531-9075. The Department of Workforce Services cannot assist you with finding or providing an attorney. If you have an attorney, the Department is not responsible for and will not pay the attorney fees. For more information on the fair hearing process go to: [jobs.utah.gov/appeals/pa/guidepats.html](http://jobs.utah.gov/appeals/pa/guidepats.html)

***Equal Opportunity Employer/Program***

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.