

# Appeal Rights

You can ask for an appeal of practically any action Social Services takes or doesn't take within 90 days of the notice of action

Here are some examples

- You already get assistance (Cash, TDAP, Food Stamps, Medical Assistance) and Social Services suspends, reduces, or terminates it OR gives you notice that this is going to happen
- Social Services denies your application for assistance
- Social Services has taken too long to decide your case or adjust your benefits based on new information you gave them (usually, they must act on an application in 30 days)
- Social Services referred you to a work program when you think you should be exempt from work
- Social Services say they overpaid you or says you violated program rules

The inside of this brochure is an appeal form that you can use to file an appeal

## An appeal is a request for an administrative hearing where a 3rd party will hear both sides and decide

The hearings are informal and are handled by a different agency—the Office of Administrative Hearings— independent of Social Services. You don't need a lawyer or advocate at the hearing, but you can bring one if you wish. Often Social Services will try to resolve the case before the hearing. This is fine, as long as you are sure you understand exactly what they are going to do and get it in writing. If you have questions about resolving a case before a hearing, tell Social Services you need more time to think about their offer (and seek legal advice). If you need assistance, you should contact Legal Aid or another attorney.

## If you file your appeal within 10 days you may be able to get your assistance frozen at its current level or restored to its old level until the time of a hearing

Generally, if you file your appeal notice within 10 days of the date you are notified of Social Service's action, you can get benefits while you wait for the hearing if you are currently receiving the benefits. You may have to pay the benefits back if you lose. This right does not exist if the problem arose while recertifying your eligibility for benefits. If you need advice or assistance, call your local Legal Aid office or contact another attorney.



## Maryland Legal Aid Offices

**Anne Arundel County**  
229 Hanover St  
Annapolis, MD 21401  
(410)972-2700  
(800) 666-8330

**Baltimore City**  
Main Office  
500 East Lexington St  
Baltimore, MD 21202

**Intake Lines:**  
(410) 951-7750  
(866) MD LAW 4U  
(or 866-635-2948)

**Business Line:**  
(410) 951-7777  
(800) 999-8904

**Cherry Hill**  
Neighborhood Ctr.  
606 Cherry Hill Rd 2nd Fl  
Baltimore, MD 21225  
(410) 355-4223

**Baltimore County**  
29 W. Susquehanna Ave  
Ste 305  
Towson, MD 21204  
(410) 427-1800  
(877) 878-5920

**Lower Eastern Shore**  
**Dorchester, Somerset, Wicomico, Worcester**  
111 High St  
Salisbury, MD 21801  
(410) 546-5511  
(800) 444-4099

**Metropolitan Maryland**  
**Prince George's**  
6811 Kenilworth Ave  
Calvert Building, Ste 500  
Riverdale, MD 20737  
(301) 560-2100  
(888) 215-5316

**Montgomery**  
51 Monroe St., Ste. 1200  
Rockville, MD 20850  
(240) 314-0373

**Howard**  
3451 Court House Dr  
2nd Floor  
Ellicott City, MD 21043  
(410) 480-1057

**TTY Users: Call Maryland Relay Dial 7-1-1**

**Midwestern Maryland**  
**Carroll, Frederick, Washington**  
22 S. Market St, Ste 11  
Frederick, MD 21701  
(301) 694-7414  
(800) 679-8813

**Northeastern Maryland**  
**Cecil, Harford**  
103 S. Hickory Ave  
Bel Air, MD 21014  
(410) 836-8202  
(800) 444-9529

**Southern Maryland**  
**Calvert, Charles, St. Mary's**  
15364 Prince Frederick Rd  
P.O. Box 249  
Hughesville, MD 20637  
(301) 932-6661  
(877) 310-1810

**Upper Eastern Shore**  
**Caroline, Kent, Queen Anne's, Talbot**  
Tred Avon Square, Ste 3  
210 Marlboro Rd  
Easton, MD 21601  
(410) 763-9676  
(800) 477-2543

**Western Maryland**  
**Allegany, Garrett**  
110 Greene St  
Cumberland, MD 21502  
(301) 777-7474  
(866) 389-5243

**Statewide**  
**Long Term Care Assistance Project**  
(800) 367-7563  
**Farmworker Program**  
(800) 444-4099  
**Maryland Senior Legal Helpline**  
(800) 896-4213

**Visit**  
[www.peoples-law.org](http://www.peoples-law.org)  
**for self-help legal information and community resources.**

Appeal Rights

# Social Services Appeal Rights

Equal Access to Justice: Legal Aid



## REQUEST FOR HEARING

**Fill out this form ONLY if you disagree with a decision concerning your benefits. If you disagree with the action of the local department, you are entitled to discuss it with a supervisor. We will help you fill out this form or you can ask for a hearing by calling 1-800-332-6347.**

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| <p><b>1. Tell us who you are.</b> Fill in the blanks in this box and complete boxes 2-4. Please print clearly.</p> <p>Name: _____ Date of Birth: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code _____ Phone Number ( ) _____</p> <p>Your local office name: _____ Your Social Security Number: _____</p>   | <p><b>2. Which programs do you want to appeal?</b> (Check all that apply)</p> <p><b><u>Medical Assistance (MA)</u></b></p> <p>Community MA _____</p> <p>Long Term Care MA _____</p> <p>Your Representative's Name: _____</p> <p>Maryland Children's Health Program (MCHP) _____</p> <p>Parent or Guardian's Name: _____</p> <p>___ I receive other benefits _____</p> <p>___ I do not receive any other benefits _____</p> <p>___ Qualified Medical Beneficiary (QMB/SLMB) _____</p> <p>Other _____</p> <p><b><u>Family Investment/Social Services Programs</u></b></p> <p>Temporary Cash Assistance (TCA) _____</p> <p>Food Stamps (FS) _____</p> <p>Purchase of Care (POC – Child Care) _____</p> <p>Transitional Emergency Medical and Housing Assistance (TEMHA) _____</p> <p>Foster Care (FC) and/or Adoptions _____</p> <p>Emergency Assistance (EA) _____</p> <p>Public Assistance to Adults (PAA) _____</p> <p>Overpayment of TCA _____</p> <p>Overissuance of Food Stamps _____</p> |
| <p><b>3. What are the reasons you want a hearing?</b></p> <p>___ I was not allowed to apply. _____</p> <p>___ My application was turned down. _____</p> <p>___ My application was not handled properly. _____</p> <p>___ I am not receiving the services that I need. _____</p> <p>___ The amount of assistance I receive is wrong. _____</p> <p>___ My assistance has been incorrectly suspended, reduced, or terminated. _____</p> <p>___ I do not agree that I should pay back assistance I received. _____</p> | <p><b>If you received a notice about this, what is the date on the notice?</b> _____</p> <p><b>Why do you want a hearing? Please tell us what happened.</b> _____</p>  |
| <p><b>4. I understand if I ask for a hearing within 10 days from the date of the notice and I was receiving benefits, I can still get them while I wait for my hearing unless my benefits period ends. I may have to pay back the benefits if I lose my appeal.</b></p> <p><input type="checkbox"/> Check here if you do <b>not</b> want benefits while you wait for your hearing.</p>   | <p>_____ Signature _____ Date _____</p>  |
| <p><b><u>FOR AGENCY USE ONLY</u></b></p>   |  |
| <p>Department: _____ Local Office: _____ Date Appeal Received: _____</p> <p>Case Name: _____ Case Number: _____</p> <p>Appeal based on notice sent: _____ Effective: _____ Conference held? Y ___ N ___</p> <p>Benefits pending? Y ___ N ___ Reason: _____</p> <p>Case record attached? Y ___ N ___ Reason: _____</p> <p>Worker: _____ Supervisor's Approval: _____ Date: _____</p>  |  |
| <p><b><u>FOR APPEAL UNIT USE ONLY</u></b></p>  |  |
| <p>Appeal Rep: _____ Date: _____</p> <p>Category: _____ Transmitted by: _____</p>  |  |

DHR/FIA 334 (Revised 04/02) FIND IT at [www.dhr.state.md.us/fia/doc/hearing.pdf](http://www.dhr.state.md.us/fia/doc/hearing.pdf)

### To File an Appeal

To file an appeal, you must do one of the following:

- 1) Fill out the form on the inside of this brochure and mail it to: Office of Administrative Hearings, 11101 Gilroy Rd., Hunt Valley, MD 21031-1301;
- 2) Call the Department of Human Resources (DHR) at 1-800-332-6347 and tell the customer service representative that you want to appeal a Social Service adverse action notice and give the date of the notice; or
- 3) Take the completed appeal form to your local Social Services office and get a receipt showing it was filed.

This brochure was prepared by the Maryland Legal Aid Bureau, Inc. ("Legal Aid), a non-profit organization dedicated to providing high quality legal advocacy to protect and advance human rights for individuals, families and communities.

### We want you to know your rights!

This brochure is intended to give you general information, not to give you specific legal advice. We make every effort to keep this brochure up to date, however, the law sometimes changes. Individuals with specific legal questions or a pending legal action are strongly urged to contact an attorney for legal advice. You may be eligible for free legal services from Maryland Legal Aid or a volunteer attorney program.

