

Appeal Rights

The Maryland Department of Human Resources (DHR) oversees each county's Department of Social Services (DSS). You can ask for an appeal of practically any action DDS takes or doesn't take within 90 days of the notice of action.

Here are some examples:

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

This brochure includes a form that you can use to file an appeal.

An appeal is a request for an administrative hearing where a third party will hear both sides and decide.

The hearings are informal and are handled by a different government agency—the Office of Administrative

Hearings— independent of DSS. While it is not required that you have an attorney with you at the hearing, you can bring one if you wish. Often, DSS 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 DSS you need more time to think about their offer and seek legal advice. If you need assistance, you should contact Maryland Legal Aid or another attorney.

Depending upon when you file your appeal, 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 within 10 days of the date of DSS' notice of action and you are currently receiving benefits, then you can continue to receive benefits while you wait for the hearing. You may have to pay the benefits back if you lose the appeal. This right does not exist if the problem arose while recertifying your eligibility for benefits. If you need advice or assistance, call your local Maryland Legal Aid office or contact another attorney.

Maryland Legal Aid Offices

Centralized Intake: 1-888-465-2468
is now serving all jurisdictions:

Offices

Alleghany/Garrett

138 Baltimore Street
Suite 204
Cumberland, MD 21502

Anne Arundel/Howard

2024 West Street
Suite 204
Annapolis, MD 21401
3451 Court House Drive
2nd Floor
Ellicott City, MD 21043

Baltimore City

500 E. Lexington Street
Baltimore, MD 21202

Baltimore County

215 Washington Avenue
Suite 305
Towson, MD 21204

Cecil/Harford

103 S. Hickory Avenue
Bel Air, MD 21014

**Lower Eastern Shore
Dorchester, Somerset,
Wicomico, Worcester**

101 Broad Street,
Salisbury, MD 21801

**Midwestern Maryland
Carroll, Frederick,
Washington**

22 S. Market Street
Suite 11
Frederick, MD 21701

Montgomery County

600 Jefferson Plaza
Suite 430
Rockville, MD 20852

Prince George's County

8401 Corporate Drive
Suite 200
Landover, MD 20785

**Southern Maryland
Calvert, Charles,
St. Mary's**

15045 Burnt Store Road
Hughesville, MD 20637

**Upper Eastern Shore
Caroline, Kent,
Queen Anne's, Talbot**

106 N. Washington Street
Suite 101
Easton, MD 21601

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

www.mdlab.org

For more information

www.peoples-law.org

For self-help legal information and
community resources

7.15.2025



Appealing
Department
of Social
Services
Actions

REQUEST FOR FAIR 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.

1. Tell us who you are. Fill in the blanks in this box and complete boxes 2-4. Please print clearly.	
Name: _____	Date of Birth: _____
Address: _____	
City: _____	State: _____ Zip Code _____ Phone Number () _____
Email address: _____	Your local office name: _____
2. Which programs do you want to appeal? (Check all that apply)	
Your Representative's Name: _____	
<input type="checkbox"/> Community MA	<input type="checkbox"/> Temporary Cash Assistance (TCA)
<input type="checkbox"/> Long Term Care MA	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/> Maryland Children's Health Program (MCHP)	<input type="checkbox"/> Child Care Subsidy (CCS)
Parent or Guardian's Name: _____	<input type="checkbox"/> Temporary Disability Assistance Program (TDAP)
<input type="checkbox"/> I receive other benefits	<input type="checkbox"/> Foster Care (FC) and/or Adoptions
<input type="checkbox"/> I do not receive any other benefits	<input type="checkbox"/> Emergency Assistance (EA)
<input type="checkbox"/> Qualified Medical Beneficiary (QMB/SLMB)	<input type="checkbox"/> Public Assistance to Adults (PAA)
<input type="checkbox"/> Other _____	<input type="checkbox"/> Overpayment of TCA
	<input type="checkbox"/> Over issuance of SNAP
	<input type="checkbox"/> Other _____
3. What are the reasons you want a hearing?	
<input type="checkbox"/> I was not allowed to apply.	<input type="checkbox"/> The amount of assistance I receive is wrong.
<input type="checkbox"/> My application was turned down.	<input type="checkbox"/> My assistance has been incorrectly suspended, reduced, or terminated.
<input type="checkbox"/> My application was not handled properly.	<input type="checkbox"/> I do not agree that I should pay back assistance I received.
<input type="checkbox"/> I am not receiving the services that I need.	
If you received a notice about this, what is the date on the notice? _____	
Do you provide consent to electronic delivery of this notice to the email address provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Why do you want a hearing? Please tell us what happened. _____	
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.	
<input type="checkbox"/> Check here if you do not want benefits while you wait for your hearing.	Signature _____ Date _____
FOR AGENCY USE ONLY	
Department: _____	Local Office: _____ Date Appeal Received: _____ Case Name: _____
Appeal based on notice sent: _____	Case Number: _____
Benefits pending? Y ___ N ___	Effective: _____ Conference held? Y ___ N ___
Reason: _____	
Case record attached? Y ___ N ___	Reason: _____
Worker: _____	Supervisor's Approval: _____ Date: _____
FOR APPEAL UNIT USE ONLY	
Appeal Rep: _____	Date: _____
Category: _____	Transmitted by: _____

DHS/FIA 334 (Revised 4/2021)

How To File an Appeal

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

- 1) Complete the form on the inside of this brochure, make a copy for your records, and mail a copy to: Office of Administrative Hearings, 11101 Gilroy Rd., Hunt Valley, MD 21031-1301; or get the form at this [LINK](#)
- 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 Department of Social Services (DSS) adverse action notice and give the date of the notice; or
- 3) Take the completed appeal form to your local DDS office and get a receipt showing it was filed.

Who We Are

We advocate with and for Marylanders experiencing poverty to achieve equity and social justice through free civil legal services, community collaboration, and systems change.

Know your rights!

This brochure contains general information about your rights, but is not meant to be legal advice. While every effort is made to keep this information up-to-date, the law sometimes changes. If you want information about your specific situation, or if you have a pending legal case, you should contact Maryland Legal Aid or another legal resource.