

# 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

### Allegany/Garrett

138 Baltimore Street  
Suite 204  
Cumberland, MD 21502  
(301) 777-7474  
(866) 389-5243

### Anne Arundel/Howard

2024 West Street  
Suite 204  
Annapolis, MD 21401  
(410) 972-2700  
(800) 666-8330  
  
3451 Court House Drive  
2nd Floor  
Ellicott City, MD 21043  
(410) 480-1057

### Baltimore City

500 E. Lexington Street  
Baltimore, MD 21202  
**Telephone Intake:**  
(410) 951-7750  
866-635-2948  
**Business Line:**  
(410) 951-7777  
(800) 999-8904

### Baltimore County

215 Washington Avenue  
Suite 305  
Towson, MD 21204  
(410) 427-1800  
(877) 878-5920

### Cecil/Harford

103 S. Hickory Avenue  
Bel Air, MD 21014  
(410) 836-8202  
(800) 444-9529

### Lower Eastern Shore

Dorchester, Somerset,  
Wicomico, Worcester  
201 E. Main Street  
Salisbury, MD 21801  
(410) 546-5511  
(800) 444-4099

### Midwestern Maryland

Carroll, Frederick, Washington  
22 S. Market Street  
Suite 11  
Frederick, MD 21701  
(301) 694-7414  
(800) 679-8813

### Montgomery County

600 Jefferson Plaza  
Suite 430  
Rockville, MD 20852  
(240) 314-0373  
(855) 880-9487

### Prince George's County

8401 Corporate Drive  
Suite 200  
Landover, MD 20785  
(301) 560-2100  
(888) 215-5316  
(301) 560-2100

### Southern Maryland

Calvert, Charles, St. Mary's  
15045 Burnt Store Road  
3rd Floor  
Hughesville, MD 20637  
(301) 932-6661  
(877) 310-1810

### Upper Eastern Shore

Caroline, Kent,  
Queen Anne's, Talbot  
106 N. Washington Street  
Suite 101  
Easton, MD 21601  
(410) 763-9676  
(800) 477-2543

## STATEWIDE PROGRAMS & RESOURCES

### Community Lawyering Initiative

(443) 451-2805

### Farmworker Program

(800) 444-4099

### Foreclosure Legal Assistance Project

(888) 213-3320

### Long-Term Care Assistance Project

(866) 635-2948

### Maryland Senior Legal Helpline

(866) 635-2948

### Veterans' Hotline

(443) 863-4040  
TTY Users: Call Maryland  
Relay, Dial 7-1-1

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

For more information visit [www.mdlab.org](http://www.mdlab.org).

Rev. 2.2023

DSS Appeal Rights

# Appealing Department of Social Services Actions

Advancing Human Rights and Justice for All in Maryland since 1911



MARYLAND  
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.

<p>1. Tell us who you are. 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: _____ Last 4 numbers of your Social Security Number _____</p>	<p>2. Which programs do you want to appeal? (Check all that apply)</p> <p><b>Medical Assistance (MA)</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>Family Investment/Social Services Programs</b></p> <p>Temporary Cash Assistance (TCA) _____</p> <p>Food Supplement Program (FS) _____</p> <p>Child Care Subsidy (CCS) _____</p> <p>Temporary Disability _____</p> <p>Assistance Program (TDAP) _____</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 Supplement _____</p> <p>Other _____</p>
<p>3. What are the reasons you want a hearing?</p> <p><input type="checkbox"/> I was not allowed to apply.</p> <p><input type="checkbox"/> My application was turned down.</p> <p><input type="checkbox"/> My application was not handled properly.</p> <p><input type="checkbox"/> I am not receiving the services that I need.</p> <p>If you received a notice about this, what is the date on the notice? _____</p> <p>Why do you want a hearing? Please tell us what happened. _____</p>	<p><input type="checkbox"/> The amount of assistance I receive is wrong.</p> <p><input type="checkbox"/> My assistance has been incorrectly suspended, reduced, or terminated.</p> <p><input type="checkbox"/> I do not agree that I should pay back assistance I received.</p>
<p>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.</p> <p><input type="checkbox"/> Check here if you do <b>not</b> want benefits while you wait for your hearing.</p> <p style="text-align: right;">Signature _____ Date _____</p>	<p style="text-align: center;"><b>FOR AGENCY USE ONLY</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: _____ Supervisor's Approval: _____ Date: _____</p> <p>Worker: _____</p>
<p>Appeal Rep: _____</p> <p>Category: _____</p>	<p style="text-align: center;"><b>FOR APPEAL UNIT USE ONLY</b></p> <p>Date: _____</p> <p>Transmitted by: _____</p>

DHR/FIA 334 (Revised 1-12)

FIND IT at [www.dhr.state.md.us](http://www.dhr.state.md.us)

### 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
  - 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.

### Maryland Legal Aid: Who We Are

Established in 1911, Maryland Legal Aid provides free civil legal services to low-income individuals and families statewide and serves Baltimore City and Maryland's 23 counties from 12 full-service offices. Maryland Legal Aid is dedicated to providing high-quality legal advocacy to protect and advance human rights for individuals, families, and communities.

### 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.

