



# Appeal to State Agency

## Client information:

NAME OF AGENCY		CASE NUMBER	
NAME OF PROGRAM(S)			
NAME		TELEPHONE NUMBER	
STREET ADDRESS			
CITY		STATE	ZIP CODE
Do you need an interpreter for the hearing? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what is your preferred language?	

## Attorney/Advocate information:

ATTORNEY OR ADVOCATE'S NAME		TELEPHONE NUMBER	
STREET ADDRESS			
CITY		STATE	ZIP CODE

## Reason for appeal:

I disagree with the agency/state action in my case. I want to appeal to the state. I am appealing because:

---



---



---



---



---

## Status of benefits:

### Read the back before you fill in this part

Check one of the boxes below if the benefits you get now are being cut or stopped:

- I want to keep getting benefits until the appeal decision.
- I want to stop getting benefits until the appeal decision.

If you file an appeal within 10 days of the agency action, your benefits may continue if you do not check one of the boxes.

## Signature:

CLIENT SIGNATURE	DATE
------------------	------

**Note:** If you need help completing this form, or want to discuss your appeal with someone, you may contact a private attorney or the legal services office that serves your agency.

## Instructions for requesting an appeal

To request an appeal, fill in all the blanks, sign and date this form. You can either:

- Give it to your financial worker. This is the fastest way to get a hearing.

*or*

- Send the completed form to the state. The address and telephone number of the state agency's Appeals Office are:

Minnesota Department of Human Services  
Appeals Office  
P.O. Box 64941  
St. Paul, MN 55164-0941  
Metro: 651-431-3600 (Voice)  
Outstate: 800-657-3510  
TTY: 800-627-3529  
Fax: 651-431-7523

### Time Limits

You must file an appeal within 30 days from the date you receive this notice. You have 90 days if you have a good reason for filing late. With the Supplemental Nutrition Assistance Program (SNAP) you may appeal up to 90 days after getting the agency's notice of action and do not have to show a good reason. The Appeals Office will send you more information about two or three weeks after you file your appeal.

### Information About Continued Benefits

#### **You can usually keep getting benefits while your appeal is going on.**

If you already get benefits, you can usually keep getting the same amount until the state decides your appeal. But you must appeal right away. If you want your benefits to continue, you must appeal within 10 days of the date on the agency's notice of action letter or before the proposed action takes place in order to keep benefits in place.

#### **If you lose your appeal, you may have to pay back the extra benefits.**

If you lose your appeal, the extra benefits you got during the appeal will be overpayments. Most of the time, you have to pay the overpayments back. The rules about overpayments are different in every program. Ask your worker about the rules for your program.

#### **You can ask the agency to stop your benefits during the appeal.**

You may choose not to keep getting benefits. If you want to stop getting benefits during the appeal, check the box on the other side of this form. If you lose the appeal, your overpayments will be smaller. If you win the appeal, you can usually get the extra benefits owed to you. There are some exceptions. The extra benefits won't be paid if you no longer qualify for those benefits for a reason which has nothing to do with the appeal.

#### **Reapply for benefits if your situation changes during the appeal.**

You can file a new application for any program at any time. If your situation changes during the appeal, contact the agency and ask to reapply right away. Sometimes this can make an overpayment smaller or get you more benefits. You might be able to get payments now even if the human services judge decides that the agency was right before.

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ພຣີ, ຈົ່ງຖາມນຳພັນກຽມຊ່ວຍວຽກຂອງທ່ານຫຼືໂທໂທຕາມເລກໂທ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

LB2-0001 (10-09)

ADA3 (3-12)

This information is available in alternative formats to individuals with disabilities by calling 651-431-3600 or 800-657-3510. TTY users can call through Minnesota Relay at 800-627-3529. For Speech-to-Speech, call 877-627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.