



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Children and Families

Date:

Notification of Application for Social Services

Dear _____;

This letter is to notify you of action taken on your application for social services. Please refer to the item(s) checked below to indicate what action was taken.

1. Your application for _____ has been approved.
2. Your application for _____ has been denied because _____

3. The fee for the service you receive is \$ _____ per _____.
4. You are no longer eligible for _____ after _____
because _____

Please refer to the information on page two of this letter concerning your right to a conference or hearing.

If you have a concern or complaint about the quality of service you are receiving or whether the service is meeting your needs, please contact me about the Department of Health and Human Resources grievance procedure. In addition, your right to a conference concerning the decision shown above and your right to a hearing are explained on page two of this letter.

Should you have any questions, please contact me.

Sincerely,

Worker Name:

Worker Title: Social Services Supervisor

Signature of Worker

Date

**REQUEST FOR A CONFERENCE REGARDING THE PROPOSED
ACTION TAKEN ON YOUR APPLICATION**

If you are not satisfied with the proposed action to be taken on your application or need further explanation, you have a right to discuss it with the Department worker who made the decision. If you are not satisfied with the results of this conference, you may wish to request a hearing.

**REQUEST FOR A HEARING BEFORE A MEMBER OF THE
STATE BOARD OF REVIEW**

If you are not satisfied with the decision made on your application, you have a right to a hearing before a State Hearing Officer who is a member of the State Board of Review.

THE LENGTH OF TIME YOU HAVE TO REQUEST A CONFERENCE OR HEARING

If you wish a conference, please contact this office at once. If you wish a hearing, you must notify this office within ninety (90) days from the date of this action. You may request a conference or hearing by contacting this office in person or by completing the statement at the bottom of this letter. Detach it and mail the request to this office.

CONTINUATION OF SERVICES DURING THE HEARING PROCESS

If you request a hearing within thirteen (13) days of this notice, services may be continued or reinstated pending a decision by the State Hearing Officer.

WHO MAY HELP YOU AT THE CONFERENCE OR HEARING

At the conference or hearing, you may present your information yourself or in writing. You have a right to be represented by a friend, relative, attorney, or other spokesperson of your choice. A Department representative will be available to assist you if you need help in preparing the hearing and advise you regarding any legal service that may be available in your community.

------(DETATCH)-----

IMPORTANT!!

If you want a conference or hearing, please check one of the blocks below and mail this statement to:

(___) I want a pre-hearing conference because:

(___) I want a hearing before the State Hearing Officer because:

Signature of Claimant: _____ Date: _____

(PLEASE DATE AND SIGN)