

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES (WV DHHR)
PRE-HEARING CONFERENCE AND/OR FAIR HEARING REQUEST FORM

If you disagree with the decision made on your application or the **proposed** changes in your **benefits**, you may ask for a **Pre-Hearing Conference, a Fair Hearing** or both, **either orally or in writing**. You have the right to be assisted and/or represented by a person of your choice at the **Pre-Hearing Conference/Fair Hearing**. This person may be a friend, relative, attorney or any other person.

A Pre-Hearing Conference is an informal meeting **with you and any person(s) you choose to have with you, your Worker and the Supervisor**. This meeting is to explain anything you have questions about and for you to explain your situation. This Conference may resolve the problem and eliminate the need for a Fair Hearing. If not, you may proceed with a Fair Hearing.

A Fair Hearing is a meeting with **you and anyone you choose to have with you, a State Hearings Officer**, the Department's representative and any witnesses you or the Department believes can provide appropriate evidence. The Fair Hearing process is designed to make sure the Department took the correct action on the **issue(s)** involved.

If you ask for a Pre-Hearing Conference and/or a Fair Hearing, due to a decrease or closure of your benefits, within 13 days of the date of the enclosed letter, your benefits will not be reduced or stopped, pending a final decision. Otherwise, the change will be made, and you may ask for a Fair Hearing or Pre-Hearing Conference within 90 days of the effective date of the actions. **NOTE:** If your benefits are being reduced or stopped due to a Food Stamp Review, a Mass Change (such as the annual Social Security increase) or because you signed a form giving up your right to receive advance notice of this change, your benefits will not be continued, even if you request it, but a hearing will be held.

The **DHHR** Worker will help you make arrangements for transportation to any fair hearing if you cannot provide your own transportation and you so request. Also, the Worker will help you prepare for the Fair Hearing, if you so request.

To call Client Services in Charleston toll-free, dial 1-800-642-8589.

If you wish to have a **Pre-Hearing Conference and/or Fair Hearing**, please check below and return the **bottom section** of this form to your local **DHHR** Office. The address is on the top of the enclosed notice **or can be provided to you by Client Services**. You may review the materials in your case record during normal business hours. If you request, we will send you a copy of the Manual Material **or you may view and print the manual material yourself on the internet at http://www.wvdhhr.org/bcf/family_assistancepolicy.asp**.

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- ☐ I would like to have a Pre-Hearing Conference **with my Worker and/or the Supervisor**. (You may have a Conference before the Fair Hearing and then proceed with the Fair Hearing if you are not satisfied.)
- ☐ I want a Fair Hearing before a State Hearings Officer. (You may have a Fair Hearing without a Pre-Hearing Conference.)
- ☐ Please send me the Manual section on which the decision was based.
- ☐ I wish to continue receiving benefits while waiting for a **Pre-Hearing Conference or a Fair Hearing** decision. Continued benefits only apply to a decrease or closure. If the Department's decision is upheld at **the Pre-Hearing Conference (if you choose not to continue with a Fair Hearing) and/or a Fair Hearing**, you may have to pay the Department back for these benefits.
- ☐ I do NOT wish to continue receiving benefits while pending **a Pre-Hearing Conference or a Fair Hearing** decision. If the Department's decision is not upheld at the **Pre-Hearing Conference or Fair Hearing**, **DHHR** will pay you any benefits you missed during the **Pre-Hearing Conference/Fair Hearing** process.

Signature: _____ Date: _____

Printed Name: _____ SSN: (Optional) _____

Address: _____ Phone: _____

Reason for Hearing/Pre-Hearing Request: _____