



DFRHNAE01

ADMINISTRATIVE APPEAL AND HEARING REQUEST

State Form 53932 (R /2-12) / H&A 1001

*******THIS FORM MAY BE USED TO FILE A WRITTEN ADMINISTRATIVE APPEAL.*****
FOOD STAMP APPEALS MAY BE ALSO FILED VERBALLY BY CALLING
1-800-403-0864.**

Name: _____

Address: _____

Phone number: _____

Relationship: _____

(self, spouse, representative, relative)

Signature: _____ **Date (month, day, year):** _____

Did you receive a written notice about the denial, termination or change of your benefits? YES NO

Mailing date of the notice *(if known)* _____ Case number shown on the notice: _ _____

List of names of persons you are appealing for, including yourself:

What benefits are you appealing?

Benefit was:

- | | | | |
|---|---------------------------------|--|----------------------------------|
| <input type="checkbox"/> TANF | <input type="checkbox"/> Denied | <input type="checkbox"/> Terminated / Closed | <input type="checkbox"/> Changed |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Denied | <input type="checkbox"/> Terminated / Closed | <input type="checkbox"/> Changed |
| <input type="checkbox"/> HIP (Healthy Indiana Plan) | <input type="checkbox"/> Denied | <input type="checkbox"/> Terminated / Closed | <input type="checkbox"/> Changed |
| <input type="checkbox"/> Food Stamp | <input type="checkbox"/> Denied | <input type="checkbox"/> Terminated / Closed | <input type="checkbox"/> Changed |
| <input type="checkbox"/> Child Care (CCDF) | <input type="checkbox"/> Denied | <input type="checkbox"/> Terminated / Closed | <input type="checkbox"/> Changed |
| <input type="checkbox"/> Other - Explain | <input type="checkbox"/> Denied | <input type="checkbox"/> Terminated / Closed | <input type="checkbox"/> Changed |

Mail or fax your request to the location listed below or you may deliver your request in person at the local Division of Family Resources office. If possible, please attach a copy of the notice you are appealing.

Mail or fax to: FSSA Document Center
PO Box 1810
Marion, Indiana 46952
Fax: 1-800-403-0864

