

# **A Guide on Administrative Hearing Procedures**

**For appeals filed on or after November 1, 2015**

**Family Investment Administration**

**Revised March 2017**

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## **I. Introduction**

An administrative hearing is a formal proceeding where evidence is taken and witnesses are heard to determine issues of fact and to render a decision on a complaint or appeal based on the evidence and testimony presented. Unlike a trial court, where a judge or jury will render a decision shortly after hearing all the evidence, an administrative judge may not issue findings and conclusions until weeks after the hearing. The decision is, therefore, more likely to be based on the written record of the proceeding and the outcome a result of what the administrative judge finds upon reading the record. The most important element of the hearing, therefore, is the development of a clear, complete and accurate written record.

The purpose of this guide is to provide guidance and instructions on the multiple steps of an administrative hearing, which includes pre-hearing preparation, the hearing itself, and post-hearing follow-up and actions. This guide pertains to the following Family Investment Administration (FIA) programs:

1. Temporary Cash Assistance (TCA)
2. Food Supplement Program (FSP)
3. Temporary Disability Assistance Program (TDAP), and
4. Public Assistance to Adults

Medicaid-related cases: Please direct questions and other assistance needed with Medical Assistance fair hearings to the Department of Health and Mental Hygiene, Division of Eligibility Policy at 410-767-1463 or 1-800-492-5231 (select option 2 and request extension 1463).

## **II. Pre-Hearing Preparation**

Preparation at the local department is an essential step in avoiding issues that may occur during a hearing. See COMAR 07.01.04 (DHR hearings) and 28.02.01 (all OAH hearings) for regulations that govern the hearing process.

### **A. Customer Requests a Fair Hearing**

The local department must not limit or interfere with the customer's right to request a hearing. A customer may request a hearing orally or in writing. Local department staff must not discourage the customer from filing a request for fair hearing regardless of whether the LDSS staff feels the customer will "win" or not.

1. Request not in writing

If the customer's request is oral, the request must be put in writing on the Request for Hearing Form (DHR/FIA 334). For all programs, the local department must ask the customer to put the request in writing, and must offer to assist the customer in doing so. If the customer does not put the request in writing, the local department must complete a DHR/FIA 334 form for the customer. The local department must fax the request to the Office of Administrative Hearings (OAH) the same day it is received, and scan the request into ECMS under Appeals.

2. Written Request

If the customer has submitted a written request that is not on a DHR/FIA 334 form, the local department must complete a DHR/FIA 334 and attach the customer's written request to it. The local department must fax both the form and the customer's written request to the OAH same day it is received and scan the form and the customer's written request into ECMS under Appeals.

3. The Bureau of Policy, Legislation and Reporting (PLR) monitors timeliness of fair hearings. Local departments must fax the customer's fair hearing request to PLR at 410-333-6581.

4. Complete the Request for Hearing Form (DHR/FIA 334 Revised 01/2016):

- a. Ensure that all sections of the form are complete, including customer name, customer ID, address, and date of the adverse action notice for the action the customer is appealing.
- b. If the customer made an oral request and the local department completed the appropriate form for the customer, note this by writing "oral request" on the signature line in Section 4.
- c. If the customer submitted a written request that was not on the correct form, attach the customer's request to the appropriate form, complete the appropriate form and write "written request attached" on the signature line in Section 4.
- d. The local department must fax the fair hearing request to OAH on the same day it is received.

5. Review the case. Make sure the local department decision or action was correct.

6. If the local department decision was incorrect, correct it. Then, narrate the correction in CARES and follow up to ensure the action is taken. Have all documents, including any calculations, prepared and available for the pre-conference and the hearing.

## **B. Customer Pre-Hearing Conference**

1. Hold a pre-hearing conference with the customer. The conference can be by telephone or face-to-face. In most instances, the Administrative Law Judge (ALJ) will require a conference prior to the hearing.
2. The supervisor should hold the pre-hearing conference with the customer. The case manager and the appeals representative may also attend the conference. If the customer cannot be reached by telephone, send the customer a letter requesting that the customer contact the local department within 10 days of the date of the letter if he or she wishes to discuss the appeal. If the customer does not respond to the request for conference, the hearing process goes forward.
  - The letter to the customer should clearly explain the LDSS position including any calculations made.
3. The point of the pre-hearing conference is to clarify all aspects of the issue that the customer is appealing, not just what is on the hearing request form. **Notes regarding the conference must be entered in the CARES narration.**
4. At the pre-hearing conference, you must do the following:
  - a. Ask the customer to tell you why he or she disagreed with the agency decision.
  - b. Listen to what the customer says. Do not interrupt.
  - c. Be courteous.
  - d. Talk to the customer using simple, concise language. Avoid the use of acronyms, jargon, or business slang (for example, redet, app, or FIA).
  - e. Do not in any way discourage the customer from following through on the hearing request. Do not say things such as “You cannot win,” and do not tell the customer to withdraw the request.
5. Withdrawal from Hearing Option: At the conference, ask the customer if he or she understands the action taken, including any corrective action taken after the appeal was filed. If the customer does understand, ask if he or she would like to withdraw the hearing request.
  - a. If the customer elects to withdraw the hearing request, a withdrawal form (DHR/OS 87 revised 7/00) must be completed and the original must be sent to

OAH via mail or fax. Give a copy of the DHR/OS to the customer. Scan the completed signed withdrawal form into ECMS under Appeals.

- b. If the customer wants to continue with the hearing, advise the customer that OAH will send them a notice of hearing date and the local department will send them a packet of information.
- c. Advise the customer that the hearings are informal and the customer has the right to bring anyone.
  - i. The customer also has the right to be represented by an attorney or any other individual.
  - ii. **If you learn that an attorney represents the customer, you must communicate with the attorney on all matters concerning the appeal, unless the customer insists you speak with them directly.**
  - iii. If the customer has an attorney, but insists on speaking to you directly, you must note “the customer waived legal representation” in the CARES narration.

### **C. Preparing the Hearing Summary**

The Hearing Summary will be entered into evidence at the hearing. All information contained in the Hearing Summary must be factual and correct. The document must be proofread and checked for spelling errors. Ensure that proper reference to the statutory and/or regulatory provisions are included.

1. Read the customer’s hearing request again. Read the conference notes and the case file. If something is unclear, call the attorney or the customer for clarification.
2. Make sure the local department’s decision or action was correct. If the decision or action was incorrect, correct it.
  - Follow your local department’s established procedure to make a timely correction.
  - When the correction is made, inform the customer.
  - If the correction is in the customer’s favor, ask the customer to withdraw the hearing request. If the customer agrees to withdraw, follow the instructions under Section B(5)(a), above. If not, continue to prepare for the hearing.

**NOTE:**

**It may not always be possible to avoid a hearing, even if there has not been an adverse action or if an agency error has been corrected. In this instance, you should describe the correction, including the date the correction was made and how the correction affects eligibility. At the hearing, you may ask the Administrative Law Judge (ALJ) to dismiss the appeal.**

3. Consider whether the documents and your testimony will be sufficient to support the agency's action. You may need additional witnesses or documents. If so, you will need to contact witnesses well in advance.
  - a. Do not subpoena a DHR or DHMH employee. After contacting the employee to discuss the case, if the employee's testimony is necessary, secure a commitment from the employee to participate in the hearing. Notify the employee's supervisor of the date and time the employee is expected to participate.
  - b. If you need other witnesses or documents to support the agency's action request subpoenas for those individuals and/or documents from OAH. COMAR 28.02.01.14. Provide notice to the customer or the customer's attorney that you are requesting the subpoenas by copying them on the request to OAH. COMAR 28.02.01.10
  - c. Request the subpoenas at least 10 days before the hearing. COMAR 28.02.01.14.

**D. Hearing Summary Contents**

The Hearing Summary must clearly state the action being appealed. Use the Hearing Summary template available from DHR Policy, Legislation and Reporting and supplement with additional pages, as necessary. A template is attached to this guide as Attachment 5.

- a. The first sentence of the Hearing Summary must state the action(s) the customer is appealing, the date of the action(s), and why the customer is appealing. For example:

“Mr. Jones is appealing the local department's action to deny his eligibility for Food Supplement benefits effective 01/15/2016 because his income exceeds eligibility limits.
- b. Use simple, concise language. Avoid the use of acronyms, jargon, or business slang (for example, redet, app, or FIA).

- c. Always refer to the customer as Ms., Mrs., or Mr. and his or her last name. Do not use “the customer.”
- d. The summary must include all relevant information that supports the action(s) being appealed.
- e. Prepare the summary in chronological order, beginning with the earliest action.
- f. Include citations to Code of Federal Regulations (CFR), COMAR, Maryland statutes and/or policy manuals and action transmittals that support the agency’s action.

**E. The Hearing Packet**

- A. Create the hearing packet with the following:
  - a. Local department hearing summary and any attachments
  - b. The OAH Notice of Hearing
  - c. Request for Hearing
  - d. Notice of Action, including the entire printout of the CARES notice, must be included.
  - e. Request for Assistance Form, if applicable.
  - f. Authorization for representation and any other relevant legal document.
  - g. Every page of the application, including the backs of double-sided documents and the signature page.
  - h. Any evidence the local department has regarding the action taken such as: medical records, pay stubs, child support statements, letters to or from the customer, etc. Include WORKS narration, if the issue is non-compliance with a work requirement relating to the action being appealed.
  - i. The pages of COMAR, policy manual, action transmittals and any other policy issuances or citations that support the local department decision.
- B. After you have finished assembling the hearing packet and **before making copies, number each page in the lower right corner.** Be sure to number all pages, including double-sided documents.
- C. Make a minimum of three identical copies of the hearing packet. **You must be certain that you copy both sides of a double-sided document.** For example, the DHR/FIA 334 is a double-sided document.
- D. Send the hearing packet to the customer and the ALJ **no later than 10 days before the hearing** or the customer has the right to have the hearing postponed.
  - a. If the customer has an attorney or representative, the customer’s packet must be forwarded to the attorney/representative.

- b. If for some reason, the packet cannot be mailed to the ALJ before 10 days of the hearing, do not mail the packet and wait to present the packet at the hearing.
5. Maintain the original documents and a hearing packet at the local department.

### **III. The Hearing**

1. There are a number of Hearing “musts.” You must:
  1. Be on time.
  2. Be prepared.
  3. Dress professionally.
  4. Maintain a professional attitude.
  5. Have the hearing packet with you
  6. Be ready to present and discuss the agency’s action.
  7. Be pleasant, professional , non- argumentative and refrain from interrupting the appellant’s testimony.
  8. **Stick to the facts of the case.**
  9. **Explain clearly and concisely the agency’s action and the reasons for the agency’s action.**
  10. **Be prepared to explain how the agency made the necessary calculations and considerations.**
2. In the Hearing, you represent not only the local department, which made the eligibility decision, but also the other governmental agencies that may have contributed to the decision. Your professional attitude includes respect for other governmental agencies. Do not give a personal opinion about the action(s) taken.
  1. All individuals testifying in the hearing must swear or affirm that everything they say is true, correct and complete under penalties of perjury.
  2. The local department presents its case first. The ALJ will record the hearing so speak loudly and clearly enough to be heard.
  3. Give an opening statement that clearly and concisely explains the agency’s action, the facts that will be presented that supported that action and why the agency’s action was correct.
  4. Identify the hearing packet, state the number of pages in the packet, and request that it be entered into evidence.
  5. Read the Hearing Summary into the record. (The ALJ may ask that you just summarize the facts instead of reading the Hearing Summary).
  6. Present any additional facts and/or documents for the case.
  7. After you present, the ALJ will ask the customer or the customer’s representative if they have any questions to ask you (cross-examination).

8. After the cross-examination, you have the right to testify about any matters raised during the cross-examination. Clarify any facts or issues that were questioned or made unclear during the cross-examination. Stick to the facts and the law.
  9. When you have finished testifying, you may call additional witnesses for the local department or request that additional documents be entered into evidence.
- C. When it is the customer's turn to present, listen to what the customer says.
1. Do not interrupt even if something the customer says is incorrect.
  2. Take notes if the customer says something that needs to be questioned or rebutted with additional testimony from you or your witnesses.
  3. The ALJ will ask if you have any questions to ask (cross-examination). If you have questions, ask them of the customer.
- D. At the end of the customer's testimony, the ALJ may ask if anyone has anything else to say.
- If you have rebuttal testimony, you should ask for an opportunity to present rebuttal. Point out anything you heard that is contrary to policy or contradicts what the customer said.

For example: The customer says he can only work part time, but you know that in order to be eligible for TDAP, the customer has to be unable to work. You should say, "the TDAP policy requires that an applicant be totally unable to work and Mr. Smith can work part-time."

- E. If the testimony and evidence reveals that the local department made an error, admit the error and advise that the Agency will correct the error. If you have committed to correct an error, follow through to ensure the error is corrected in a timely manner.
- F. At the conclusion of the hearing, the ALJ will give both parties an opportunity to make a closing statement. This is your opportunity to summarize the agency's evidence and how it supports the action taken. You may want to explain why the customer's evidence does not support a different action.

The ALJ will send a written decision to the local department, the customer, and the customer's representative.

During the hearing, the local department representative may realize the local department decision is incorrect or the customer may present new information that may affect the local department's decision or action. **The local department should never ask for a remand of the case.**

You may ask for a postponement to allow the local department to review new or different information or to make a correction. The ALJ is required to decide the case. You should state the agency's position on what the correct decision in the case should be. The ALJ may grant the postponement and allow a certain amount of time for the correction.

### III. Action on the ALJ's Decision

If the ALJ's decision requires the local department to take any action, the local department must comply with the timeframe set by the ALJ. This is usually 10 days.

- The local department is legally required to take the action.
- The local department must mail a letter to the ALJ and specify the action taken. A copy of that letter must be sent to the customer.

If you determine that the ALJ's decision is incorrect you can take steps to challenge that decision. The procedure used depends upon the type of case. Contact FIA Policy or the Office of the Attorney General for additional information.

#### A. Reconsideration of the Final Decision

1. In very limited circumstances, the ALJ can reconsider a decision after 30 days.
2. Request Reconsideration of the Final Decision within 30 days of the final decision if the final decision:
  - a. Contains material errors of law or fact; or
  - b. Was based on fraud, mistake or irregularity. COMAR07.01.04.20
3. To request reconsideration, mail a letter to the ALJ indicating the basis for your request. Send a copy of the letter to the customer.
4. When considering whether to request reconsideration, keep in mind that the ALJ has already made a decision. You can only ask for reconsideration if you believe that the ALJ has overlooked a material fact or law or has misinterpreted well-settled policy.
5. Final decisions can be set-aside at any time if they were based upon fraud, mistake or irregularity, as those terms have been interpreted by the courts. If you believe that this may apply, the LDSS Assistant Director for FIA should contact the FIA Executive Director's office for guidance.

### IV. Petition for Judicial Review

A customer or the LDSS can request a review of the Administrative Law Judge's (ALJ) decision. This is called a Petition for Judicial Review.

#### A. LDSS files for Judicial Review.

1. Any request for judicial review must be referred to the DHR Office of the Attorney General (OAG), Deputy Counsel for Litigation.
2. The **LDSS must take no action** before hearing from the OAG office.
3. The Petition for Judicial Review must be filed in Circuit Court within 30 days of the ALJ's decision and it must be filed in court in the same county the LDSS

resides in.

4. The OAG litigates all Petitions for Judicial Review and is responsible for filing all necessary pleadings and documents with the court.
5. The LDSS must cooperate with the OAG during the course of the Petition for Judicial Review.
6. The OAG is required to file a copy of the transcript of the OAH hearing with the Circuit Court where the case is pending and the LDSS is responsible for the cost of the transcript.

#### B. Customer files for Judicial Review

1. The LDSS must immediately contact the OAG upon receipt of the Petition for Judicial Review.
2. **Fax the petition to the OAG office at 410-333-0026 or email it to the Deputy Counsel for Litigation.**
3. Follow-up by mailing the Petition for Judicial Review to:  
Office of the Attorney General  
311 West Saratoga Street, Suite 1015  
Baltimore, MD 21201
4. **The OAG will represent the LDSS.**
5. The hearing on the Petition for Judicial Review is usually held 6 months after the ALJ's decision.

#### C. Circuit Court Decision

The Circuit Court may:

1. May reverse or modify the ALJ's decision
2. Affirm or uphold the decision; or
3. Remand it back to OAH to:
  - Hold a new hearing,
  - Hold a partial hearing, or
  - Correct an error in the decision
4. The ALJ's decision should be upheld unless the ALJ:
  - Made a legal error, or
  - Did not make a factual determination based on the evidence

#### D. Appeals to Court of Special Appeals

If the customer or the agency disagrees with the Circuit Court decision, an appeal may be taken to the Court of Special Appeals.

**Attachment A**

**REQUEST FOR FAIR 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.

**1. Tell us who you are.** Fill in the blanks in this box and complete boxes 2-4. Please print clearly.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

**2. Which programs do you want to appeal?** (Check all that apply)

<b>Community Medical Assistance (MA)</b>	<b>Family Investment /Social Services Programs</b>
Long Term Care (MA)	<b>Temporary Cash Assistance (TCA)</b>
Enter Representatives name on line below.	
	<b>Food Supplement Program (FSP)</b>
Maryland Children’s Health Plan (MCHP)-List Parent or Guardian’s name on line below	<b>Child Care Subsidy (CCS)</b>
	<b>Temporary Disability Assistance Program (TDAP)</b>

**3. What are the reasons you want a hearing?**

<input type="checkbox"/> I was not allowed to apply. <input type="checkbox"/> My application was turned down. <input type="checkbox"/> My application was not handled properly. <input type="checkbox"/> I am not receiving the services that I need.	<input type="checkbox"/> The amount of assistance I receive is wrong. <input type="checkbox"/> My assistance has been incorrectly suspended , reduced, or terminated. <input type="checkbox"/> I do not agree that I should pay back assistance I received.
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If you received a notice about this, what is the date on the notice? \_\_\_\_\_

Why do you want a hearing? Please tell us what happened. \_\_\_\_\_

**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.**

Check here if you do **not** want benefits while you wait for your hearing.

\_\_\_\_\_  
Signature Date

**FOR AGENCY USE ONLY**

Department: \_\_\_\_\_ Local Office: \_\_\_\_\_ Date Appeal Received: \_\_\_\_\_

Case Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

Appeal based on notice sent: \_\_\_\_\_ Effective: \_\_\_\_\_ Conference held? Y\_\_\_\_ N\_\_\_\_

Benefits pending ? Y\_\_\_\_ N\_\_\_\_ Reason: \_\_\_\_\_

Case record attached? Y\_\_\_\_ N\_\_\_\_ Reason: \_\_\_\_\_

Worker: \_\_\_\_\_ Supervisor’s Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**The Family Investment Administration is committed to providing access, and reasonable accommodation in its services, programs, activities, education and employment for individuals with disabilities. If you need assistance or need to request a reasonable accommodation, please contact your case manager or call 1-800-332-6347 or fill out the form on the next page.**

## **HOW TO HAVE A HEARING IF YOU THINK WE ARE WRONG**

➤ **How do I request a hearing?**

**Fill out the form** on the front of this page.

**You can:**

**Mail, Fax or take the form** to your local social services office **OR,**

**Mail the form** to the:

Office of Administrative Hearings

Administrative Law Building

11101 Gilroy Road

Hunt Valley, MD 21031-1301

- Use the enclosed envelope.
- **Make sure the address at the top of this page shows through the envelope window.**

➤ **If you don't want to fill out the form**

Call your case manager or call DHR at 1-800-332-6347 for other information.

You can go to your local social services office. Someone there will help you.

➤ **How long do I have to request a hearing?**

You must ask for a hearing no later than **90 days** after the date of the notice.

➤ **Can I still get my benefits while I wait for my hearing?**

If you ask for a hearing no later than **10 days** after the date of the notice and you were getting benefits, you can get your benefits while you wait, unless your benefit period ends. Then we may not be able to send you benefits until after the hearing decision is received.

➤ **Will I owe any money if I get my benefits while I wait?**

If the judge agrees with the decision we made, you may have to pay back benefits you received.

➤ **When and where will the hearing be?**

The Office of Administrative Hearings will send you a notice telling you the time and place of your hearing.

➤ **Do I have to come to the hearing?**

The hearing may be dismissed if you do not come to it. If you can't come, call the Office of Administrative Hearings and they will let you know how to reschedule your hearing.

➤ **Can I bring someone to help me or speak for me?**

You can bring a lawyer, friend or relative. If you want free legal help, call your local social services office or call Legal Aid at 1-800-999-8904.

➤ **How can I prepare for the hearing?**

We will send you information with our reasons for the decision we made at least 6 days before the hearing. You can see your file, including your computer file, at your local office. We will talk to you about this decision. You will need to call to make an appointment to see your file and to talk to a supervisor. Si necesita ayuda para llenar el formulario favor de llamar al 1-800-332-6347.

**SAMPLE CONTACT LETTER**

Allegany County Department Of Social Services  
One Frederick Street  
Cumberland, Maryland 21502

August 21, 2015

Mr. and Mrs. John Stevens  
2314 Bedford Road  
Cumberland, Maryland 21502

Dear Mr. and Mrs. Stevens:

We have received your request for a hearing and forwarded it to the Office of Administrative Hearings. I would like to go over with you in this letter what I understand to be the reason you requested a hearing. I tried unsuccessfully to call you several times.

Your Food Supplement household consists of the two of you, John and Margaret Stevens, and your two children. A computer-generated notice sent on July 20 advised you that your family's Food Supplement benefits would be reduced effective August 1, 2015 to \$115. Your income increased, therefore, your Food Supplement benefit amount decreased.

On July 16, 2015, you reported that Mr. Stevens began a new job on June 15, 2015 with Acme Roofing. You provided a statement from his employer that Mr. Stevens will be working 40 hours per week and making \$12.00 per hour. The statement from Acme Roofing said he will be working for straight salary and will not receive overtime pay. His first pay was received on July 13.

On July 20, the case manager made changes to your case and recalculated your income. The calculations follow federal guidelines. The Food Supplement income calculation was made as follows:

Earned income: \$12.00 per hour X 40 hours per week = \$480 per week in earned income  
\$480 x 4 weeks per month = \$1,920 per month in earned income

Shelter costs: You reported that you pay \$750 per month for rent plus telephone and gas and electric. You verified that you pay for electric heat. We count a flat amount of \$275 per month for utilities.

1. \$1,920 (earned income) x 20% (amount of earned income that we don't count- called earned income disregard) = \$384 per month

2.  $\$1920 - \$384 = \$1,536$
3.  $\$1536$  (countable earned income after 20% disregard in step 1) -  $\$134$  (federally set standard deduction) =  $\$1,402$
4.  $\$750$  rent +  $\$275$  utilities =  $\$1,025$  shelter and utility expenses per month  
 $\$1,025 - \$768$  (1/2 of the countable earned income) =  $\$257$  excess shelter costs
5.  $\$1,536 - \$257 = \$1,279$  countable net income

After all allowable deductions your countable income is  $\$1,279$ . A family of four with  $\$1,279$  in income per month is eligible to receive  $\$115$  in Food Supplement benefits. The notice that you received advised you that your benefits would be reduced to  $\$115$  per month.

You have the following options as a follow-up to this letter:

1. If you understand your Food Supplement benefit calculation, and you no longer wish to go through with the hearing, please complete the enclosed Hearing Withdrawal form and return it to me in the enclosed envelope; or
2. If you prefer to continue with the hearing, please call me by August 21 so that I can send you the packet of information you will need for the hearing. If you choose to go ahead with the hearing, the Office of Administrative Hearings will send you a notice of the hearing date and time.

I am, of course, also available to answer any of your questions. Please contact me at 410-767-1234.

Very truly yours,

Janet Starr  
Family Investment Supervisor

WITHDRAWAL OF REQUEST FOR HEARING

To: Office of Administrative Hearings
Administrative Law Building
11101 Gilroy Road
Baltimore, Maryland 21031-1301

Customer Name:
Customer SS# or Client ID#:
OAH Number:
Hearing Date:

I, (Name) of (Address)

(County)

have filed a request for hearing. I now withdraw this request (choose one below):

Because the Department of Social Services ("Social Services") has agreed to address the specific reason I am appealing by doing the following: OR Because: (explain other reason)

Blank lines for providing reasons for withdrawal.

Social Services will take this action by: (Date)

I withdraw my request for a hearing knowing that (please initial each line):

- I may be eligible for free legal representation before the hearing and that, if I am eligible, my legal representative could review what Social Services has told me.
I have a right to look at my case record, including computer records, before I sign this withdrawal.
If I had a hearing, an Administrative Law Judge, who does not work for Social Services, would decide my case. I would have a hearing and a decision within 90 days of the date I filed my request for a hearing.
If I went to a hearing, Social Services would have to explain its decision. I would have an opportunity to subpoena witnesses, question the Social Services representative, and present evidence or witnesses to explain why I believe Social Services was wrong.
Going to a hearing would not affect any current application for Social Services benefits or any of my other benefits.

Customer Signature: Date:

Representative of Social Services Signature:

HEARING SUMMARY

Customer Name: \_\_\_\_\_ Customer ID # \_\_\_\_\_

Customer Address: \_\_\_\_\_

OAH ID #: \_\_\_\_\_

**Program** (Please check appropriate program)

Temporary Cash Assistance (TCA) \_\_\_\_\_

Temporary Disability Assistance Program (TDAP) \_\_\_\_\_ Food Stamps \_\_\_\_\_

Medical Assistance \_\_\_\_\_ Maryland Children's Health Program \_\_\_\_\_

Other (specify) \_\_\_\_\_

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**Summary** (Concise Details)

**Basis for Decision:**

**COMAR:**

\_\_\_\_\_  
Local Department Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**SAMPLE**

**HEARING SUMMARY**

**Customer Name:** Jack and Sarah Able    **Customer ID #** 0512098345

**Customer Address:** 2435 French's Road Baltimore MD 21234

**OAH ID #** 06-DHR-15-000    ← This number is on the hearing notice from OAH.

**Program** (Please check all appropriate programs)

Temporary Cash Assistance (TCA) \_\_\_\_\_

Temporary Disability Assistance Program (TDAP) \_\_\_\_\_    Food Supplement   X  

Medical Assistance           Maryland Children's Health Program \_\_\_\_\_

Other (specify) \_\_\_\_\_

**Summary** (Concise Details)

See attached

In most instances you need more space than this provides. Type "See Attached" in the space and complete the summary on a separate sheet.

**Basis for Decision:**

**COMAR:**

- 07.03.17.30** Food Supplement income
- 07.03.17.43** Food Supplement calculations
- 07.03.17.44** Schedules for Income and Deductions

Jonathan Owens  
Local Department Representative

FIA Supervisor  
Title

September, 2015  
Date