

FAIR HEARING REQUEST

I, _____ hereby request a fair hearing to review the decision dated _ regarding my application for general assistance. I want / do not want my current assistance to continue until my appeal has been decided. I understand that if I lose my appeal, I will be obligated to repay the assistance provided to me during the time the appeal is being decided.

(applicant signature)

(date)

In order to be eligible for a fair hearing, this form must be completed and returned to the Welfare Office within five (5) working days of your receiving your notice of decision. Within seven (7) working days of receipt of this notice by the Welfare Official a hearing will be scheduled. You will be notified in writing of the place, date and time of the hearing.