

## FORM O

### FAIR HEARING REQUEST

You have the right to request a Fair Hearing within five (5) business days of receipt of the Notice of Decision of denial or suspension of benefits, or a decision which you do not believe is consistent with the Municipal Welfare Guidelines or State Laws. To review this decision the Fair Hearing will be conducted by an impartial hearings officer. You will have an opportunity to review the content of your welfare file prior to your hearing and present your case to the hearing officer, who will render a decision within seven (7) business days from the hearing.

I/We, \_\_\_\_\_ hereby request a Fair Hearing

to review the decision dated \_\_\_\_\_ regarding my application for general assistance.

I/We ☐ want / ☐ do not want my current assistance to continue until my hearing has been decided. I understand that if I lose my hearing, I will be obligated to repay the assistance provided to me during the time the appeal is being decided.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Applicant(s)

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.