

## NOTICE OF DENIAL OF YOUR APPLICATION FOR ASSISTANCE

Name	Case Name	
Street Address	Case Number	Program
City, State, and Zip Code	County	Mailing Date

This notice is to tell you that your application for \_\_\_\_\_  
dated \_\_\_\_\_, has been denied because:

The regulations supporting this denial are:

**If you do not understand this proposed action or you want to talk to your caseworker about it, you may call:**

Caseworker	District/ID	Telephone Number
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### **Your Right to a State Hearing**

This notice is to tell you about action we are taking on your case. If you do not understand this action, you should contact your caseworker. After discussing the reasons for the action with your caseworker, it is possible that we will change our decision or that you will agree with the action.

**If you do not agree with this action, you have a right to a state hearing.** A state hearing lets you or your representative (lawyer, welfare rights worker, friend or relative) give your reasons against the action. We will also attend or be represented at the hearing to present our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

If you want a hearing we must receive your hearing request within 90 days of the mailing date of this notice. You do not need to return this form if you agree with the action.

If someone else makes a written hearing request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

If you want information on free legal services, but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association, toll free, at 1-800-598-5888, for the local number.

If you want a hearing, sign your name, and send this form to the Ohio Department of Job and Family Services, Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.

9 I want a county conference and a state hearing on this action.

9 I want a state hearing only.

### **I want a hearing.**

Signature	Date	Telephone Number
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**Distribution:** Original to client; one copy to case record  
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