

## YOUR RIGHTS AND RESPONSIBILITIES

You have the right to discuss any action taken on your application or case with your caseworker or with your caseworker's supervisor.

### **FAIR HEARINGS**

If you disagree with an action taken by the Division of Public Assistance that affects the benefits or services you receive, you can ask for a fair hearing. You may do this by phone, in person, or in writing by contacting anyone in the Public Assistance office. Usually, you must ask for a fair hearing within 30 days from the date of the agency notice. Supplemental Nutrition Assistance Program (SNAP) fair hearing requests must be made within 90 days from the effective date of the agency action. At the hearing you may represent yourself or be represented by a legal representative, friend, or relative. You may qualify for free legal advice and representation by contacting the Alaska Legal Services Corporation at (907) 272-9431 or 1-888-478-2572.

You may continue to receive Temporary Assistance, Adult Public Assistance, Interim Assistance or Medicaid program benefits until a hearing decision is made. SNAP can continue until a hearing decision is made or until the certification period ends if you request the hearing before the effective date of the action or within 10 days from the date the agency notice was mailed. If the hearing decision is not in your favor you may be required to repay the benefits you received while you waited for the decision.

### **FAIR HEARING REQUEST**

You may request a hearing by filling out the following information and delivering or mailing this request to the Public Assistance office address on the front of this notice. **Please fill this out if you want to request a fair hearing.**

**Reason for Fair Hearing Request:** \_\_\_\_\_

- ☐ Continue my benefits at the level received before this notice until the hearing decision is made, or my SNAP certification period ends. I understand that if the hearing decision is not in my favor, I am responsible for paying back any extra benefits I receive while waiting for the hearing decision.
- ☐ Do not continue my benefits at the level received before this notice. I accept the amount stated in this notice, knowing that if the hearing decision is in my favor I will be paid for any benefits wrongly denied me.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **REPORTING CHANGES IN YOUR HOUSEHOLD CIRCUMSTANCES**

You must report changes in your household within 10 days of when you know of the change. You may do this by contacting the Public Assistance office by phone, in person or in writing.

Each program has different rules about the kinds of changes you need to report. Please read the information below and contact your local Public Assistance office or your eligibility worker if you have any questions about what changes you need to report.

**Adult Public Assistance, Interim Assistance and Medicaid** (for elderly, disabled, and long term care). You must report all changes, including changes in your medical insurance. You must also report if you will be absent from the State for more than 30 days.

**Temporary Assistance and MAGI Medicaid** You must report the following changes:

- Changes in employment, including when anyone starts or stops a job, has a change in rate of pay or their employment status changes from part-time to full-time or from full-time to part-time
- Changes in the source of unearned income and changes in the total amount of unearned income (*for Temporary Assistance, report if the change in unearned income is greater than \$50 a month*)
- When someone moves into or out of your home (*for Temporary Assistance, report within 5 days when a child leaves your home*)
- You move or get a new mailing address
- Your household gets a vehicle or has more than \$2000 total in cash and money in bank accounts (*for Temporary Assistance*)
- Changes in your legal obligation to pay child support (*for Temporary Assistance*)
- Anyone starts, stops, or has changes in health insurance coverage (*for MAGI Medicaid*)

**SNAP** You only need to report when your household's total monthly gross income goes over the income limit for your household.

### **CIVIL RIGHTS**

The Civil Rights Act of 1974 states, "No person in the United States, on the grounds of race, color, age, sex, handicap, religious creed, political beliefs or national origin shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program receiving federal assistance." If you feel you have been discriminated against, a complaint requesting a hearing on the matter may be filed with the Division of Public Assistance, PO Box 110640, Juneau, Alaska 99811-0640.

### **COMPUTER MATCHING AND YOUR SOCIAL SECURITY NUMBER**

Your Social Security Number will be used to obtain information from various state and federal agencies through computer matching. This information may be used to determine your eligibility. You are not required to provide a Social Security Number (SSN) or citizenship information for anyone in your household who will not receive benefits from a public assistance program.