

**YOUR RIGHT TO APPEAL AND TO A FAIR HEARING**

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If you think that your general assistance category is wrong and that the new general assistance medical assistance limits should not apply to you, you have the right to appeal and request a hearing.

If you want to have a hearing, you may call your caseworker, but you must also fill out and sign this form in the spaces provided below. After you have completed the form, mail it or take it to your county assistance office (CAO).

Because these changes are caused by State law, you will not be granted a hearing unless you are appealing the correctness of your case information. If you are only appealing the limits, your appeal will be dismissed.

If you are appealing because you think your category is wrong, your inpatient medical hospital coverage will not be changed until a hearing decision is made IF you do one of the following: 1) call the CAO within 10 days of the postmark date on this notice to tell the CAO that you want to file an appeal; 2) take the completed form below to the CAO within 10 days of the postmark date on this notice; or 3) mail the completed form below so that it is postmarked within 10 days of the postmark date on this notice.

If your benefits are continued unchanged until the hearing decision is made, and the hearing officer finds that your category is correct, you must pay back any benefits that you received from the date the limits went into effect until the date of the hearing order.

If you do not appeal within 10 days, we will apply the new limits to you but you may still ask for a hearing if you make the request within 30 days of the postmark date of this notice. If your request is not postmarked or received within the 30 day time limit, your appeal will be dismissed without a hearing.

Whether or not you file an appeal now, you can always ask your caseworker to see if you qualify for more coverage.

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At the hearing, you can tell the hearing official why you think your category is not correct. You may present evidence and/or bring witnesses. You may represent yourself or have someone else represent you. If you ask, we will tell you where to get free legal help.

If you speak a language other than English and need an interpreter, and ask us in advance, we will help you get an interpreter at no charge.

If you and/or your representative would like to meet with us to discuss the issue under appeal informally or to present information which might change the decision on your benefits, please call your caseworker. This informal meeting will not delay or cancel your hearing.

A hearing will be scheduled for you either over the telephone or in person, whichever you choose. If you ask to appear in person for the hearing, it will be held in the city listed below for the county in which you live.

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**HEARING LOCATIONS**

- HARRISBURG FOR:** Adams, Centre, Columbia, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Lycoming, Mifflin, Montour, Northumberland, Perry, Snyder, Union, York.
- READING FOR:** Berks, Lehigh, Northampton, Schuylkill.
- SCRANTON FOR:** Bradford, Carbon, Clinton, Lackawanna, Luzerne, Monroe, Pike, Sullivan, Susquehanna, Tioga, Wayne, Wyoming.
- ERIE FOR:** Cameron, Clarion, Crawford, Elk, Erie, Forest, McKean, Mercer, Potter, Venango, Warren.
- PITTSBURGH FOR:** Allegheny, Armstrong, Beaver, Bedford, Blair, Butler, Cambria, Clearfield, Fayette, Greene, Indiana, Jefferson, Lawrence, Somerset, Washington, Westmoreland.
- PHILADELPHIA FOR:** Bucks, Chester, Delaware, Montgomery, Philadelphia.

<b>I WANT A HEARING BECAUSE:</b>          <div style="text-align: right; font-size: small;">(attach additional pages, if necessary)</div>				
DO YOU WANT A TELEPHONE HEARING, OR AN IN-PERSON HEARING? <b>TELEPHONE</b> <b>IN-PERSON</b> <i>(Circle One)</i>				
DO YOU NEED AN INTERPRETER? <b>YES</b> <b>NO</b> <i>(Circle One)</i> If you circled YES, what language?				
DATE	REPRESENTATIVE'S SIGNATURE	TELEPHONE NUMBER	CLIENT'S SIGNATURE	TELEPHONE NUMBER
CLIENT'S ADDRESS				