



Tennessee Department of Human Services  
**Consolidated Child Support and Non-Family Assistance  
Appeal Request**

**Instructions**

**Print Off This Form**, only if you want to file an appeal (this is a request for a hearing) for Non-Family Assistance Program. Once printed, fill out the form. Boxes with a red asterisk (\*) **must** be filled in. Once you have entered all of your information into the spaces, you must sign and date the form. Once you have signed and dated the form, you should mail it, fax it, or send it to the Tennessee Department of Human Services, Appeals Clerks' Office. Their contact information is at the end of the form.

**Name \***

**First Name**

**Last Name**

**Home Address \***

**Address Line 1**

**Address Line 2**

**City**

**State**

**ZIP Code**

**Mailing Address (If Different from Home Address)**

**Address Line 1**

**Address Line 2**

**City**

**State**

**ZIP Code**

*TDHS staff should check the "Forms" section of the intranet to ensure the use of current versions. Forms may not be altered without prior approval.*

*Date of Last Review: 11/03/2023*

*Date of Next Review: 11/03/2026*

HS-3541

*Effective Date: 11/05/2023*

*RDA: 2122*

Page 1 of 7

**Telephone Number(s) \***

**E-mail Address**

**Confirm E-mail Address**

**Will you need an Interpreter for the Hearing? \***

- Yes                       No

**What Language?**

**Do you need documents to be translated? \***

- Yes                       No

**What Language?**

**Do you need special accommodations? \***

- Sign Language Interpreter    Reader    Large Print Documents    Braille Documents    TTY  
 Other:

**Which program(s) are you appealing? \***

- Adult Daycare Licensing    Adult Daycare Program    Adult Protective Services  
 Child and Adult Care Food Program    Child Care Licensing    Child Support  
 Community Services Block Grant    Social Services Block Grant    Summer Food Service Program  
 Tennessee Business Enterprises    Vocational Rehabilitative Services    Other:

**Will someone else represent or assist you at hearing? \***

- Yes                       No

If yes, please tell who will represent or assist you at hearing:

**Name of Attorney or Representative**

**First Name**

**Last Name**

**Firm or Business Name**

**Attorney or Representative Address**

**Address Line 1**

**Address Line 2**

**City**

**State**

**ZIP Code**

**Attorney or Representative Mailing Address (If Different from Attorney or Representative Address)**

**Address Line 1**

**Address Line 2**

**City**

**State**

**ZIP Code**

**Telephone Number(s)**

**E-mail Address**

**Confirm E-mail Address**

**Attorney's or Representative's Relationship to You**

Tell us why you are appealing or what happened that you disagree with (you may attach additional pages) \*

Would you like the appeal hearing to be by Telephone or In-Person? \*

- Telephone       In-Person

For Child Support appeals, please provide the name of the other Parent?\*

First Name

Last Name

**NOTE:** This form is for appealing administrative actions only. This form CANNOT be used to appeal any action taken by the court. If you are filing an appeal for **multiple** Child Support cases, you will need to submit an appeal request form for **each separate Child Support case**.

For Vocational Rehabilitation appeals, has an informal review been conducted by Vocational Rehabilitation staff?

- Yes       No

For **Child and Adult Care Food Program** and **Summer Food Service Program** appeals, your appeal will be handled through a desk review, unless you specifically request that a hearing be held.

**NOTE:** Some appeals are required to be handled through a desk review.

Do you request that a hearing be held if permitted by law?

- Yes       No

Complete the following, if you are helping someone else fill out this paper:

How Do you know the person who is appealing? Please check appropriate box:

- Parent    Relative    Friend    Legal Guardian or Conservator    Advocate  
 Authorized Representative    Doctor or Medical Staff    Interpreter or Translator    Other:

**Name \***

First Name

Last Name

Telephone Number(s)

**Signature (Appellant, Attorney, Representative) \***

Appellant, Attorney, or Representative

Date

**How long do I have to file an appeal?** (All dates are **calendar** days, unless otherwise stated.)

Program	Time Limit to Appeal	Time Limit to Appeal and Have Benefits Continued
Adult Daycare Licensing	<ul style="list-style-type: none"> <li>• Denials, Revocations or Restrictions: 10 days from the mail date of the notice.</li> <li>• Continued Probation: 5 <b>business</b> days from the date on which the notice of action was received</li> </ul>	Not Applicable
Adult Daycare Program	<ul style="list-style-type: none"> <li>• 30 days from the date of the notice of action or notice of intended action.</li> <li>• 30 days from the date of the local level grantee grievance decision.</li> </ul>	Not Applicable
Adult Protective Services	<ul style="list-style-type: none"> <li>• 10 <b>business</b> days from the date of the notice.</li> </ul>	Not Applicable
Child and Adult Care Food Program	<ul style="list-style-type: none"> <li>• 15 days from the date on which the notice of action was received.</li> </ul>	Not Applicable
Child Care Licensing	<ul style="list-style-type: none"> <li>• Disallowed Costs: 15 days after the Management Decision.</li> <li>• Probation: 5 <b>business</b> days from the date on which the notice of action was received.</li> <li>• Star Rating: 10 <b>business</b> days from the date on which the notice of action was received.</li> <li>• Criminal Exclusion: 10 days from the mail date of the notice of exclusion or denial of a waiver of the exclusion.</li> </ul>	Not Applicable
Child Support	<ul style="list-style-type: none"> <li>• 20 days from the date of service of the notice in license revocation proceedings.</li> </ul>	

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*Page 5 of 7*

	<ul style="list-style-type: none"> <li>• 15 days of the date of the notice of administrative action for all other appeals.</li> </ul>	Not Applicable
Community Services Block Grant	<ul style="list-style-type: none"> <li>• 30 days from the date of the notice of action or notice of intended action.</li> <li>• 30 days from the date of the local level grantee grievance decision.</li> </ul>	Not Applicable
Social Services Block Grant	<ul style="list-style-type: none"> <li>• 30 days from the date of the notice of action or notice of intended action.</li> <li>• 30 days from the date of the local level grantee grievance decision.</li> </ul>	Not Applicable
Summer Food Service Program	<ul style="list-style-type: none"> <li>• 10 days from the date on which the notice of action was received.</li> </ul>	Not Applicable
Tennessee Business Enterprises	<ul style="list-style-type: none"> <li>• 30 days from the date of the Agency action.</li> <li>• 15 days from the date on which the administrative review decision was received. (Receipt is 5 days from the date of mailing.)</li> </ul>	Not Applicable
Vocational Rehabilitation	<ul style="list-style-type: none"> <li>• 30 days from the date of the notice.</li> </ul>	Automatically continued unless there is fraud or Appellant requests otherwise.

## What if I have questions?

Please contact the **Appeals Clerk's Office**:

Tennessee Department of Human Services  
Appeals and Hearings Division  
Attn: Appeals Clerk's Office  
505 Deaderick Street, 1st Floor  
Nashville, TN 37243

Email: [AppealsClerksOffice.DHS@tn.gov](mailto:AppealsClerksOffice.DHS@tn.gov)  
Telephone: (833) 772-8347  
Fax: (866) 355-6136  
TTY: (800) 270-1349

## What problems can I appeal?

For a general list of issues that can be appealed, please visit Tenn. Comp. R. & Regs. 1240-5-3 Fair Hearing Requests and refer to the notice of the Department's action for further information regarding your appeal rights: <http://publications.tnsosfiles.com/rules/1240/1240-05/1240-05-03.pdf>

For Child Support appeal questions visit:

<https://www.tn.gov/content/dam/tn/human-services/hs/hs-2997.pdf>

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You may also contact the Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 505 Deaderick Street, Nashville, TN 37243, (615) 313-4700.