



Tennessee Department of Human Services
**Consolidated SNAP, Families First, and Childcare Assistance
Appeal Request**

INSTRUCTIONS:

Print Off This Form, only if you want to file an appeal (this is a request for a hearing) for SNAP, Families First, or Child Care Assistance. 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

Date of Birth *

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

Social Security Number *

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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

Telephone Number(s) *

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: 10/06/2023

Date of Next Review: 10/06/2026

HS-3058

Effective Date: 10/23/2023

RDA: 2122

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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? *

- Supplemental Nutrition Assistance Program (SNAP) Families First (TANF)
 Non-TANF Child Care (Smart Steps, Transitional Child Care, At-Risk Child-Only Child Care, Teen Parent Assistance for Child Care)

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 Business 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) *

For SNAP and Families First appeals, please complete the following:

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

Telephone In-Person

2. Would you like you benefits to continue (if eligible) until the hearing decision is made? *

I WANT my SNAP benefits to continue until the hearing decision is made. I understand that if the decision is not in my favor, I may have to pay back the benefits.

I WANT my Families First benefits to continue until the hearing decision is made. I understand that if the decision is not in my favor, I may have to pay back the benefits.

I DO NOT WANT my benefits to continue until the hearing decision is made.

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

How do you know the person who is appealing? Please check the 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
SNAP (Food Stamps)	• 90 days from the date of the notice.	10 days from the date of the notice.
Families First	• 90 days from the date of the notice.	10 days from the date of the notice.
Child Care Assistance (Families First and Non-TANF)	• 10 days from the date of notice.	Not Applicable

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

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>

In accordance with federal law and the policy of the U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS), this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. To file a complaint or ask questions, contact one of these offices: HHS Office for Civil Rights, Atlanta Federal Center, Ste 3B70, 61 Forsyth Street, SW, Atlanta, GA 30303-8909, (404) 562-7886; (404) 562-7881 (FAX); (404) 331-2867 (TDD); USDA, Director, Office for Civil Rights, 1400 Independence Av, SW, Washington, DC 20250-9410; (800) 795-3272; (202) 720-6382 (TTY).

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.