

0065

0000001

# IMPORTANT NOTICE

COUNTY DEPT OF HUMAN SERVICES

P.O. BOX

OH 43000



JANE DOE  
11 MAIN ST

ANYWHERE OH 99999-9999



Mailing Date: 03/11/1999

Worker ID:

From:

Case Number: 9999999999

Phone: (

Ext:

AG Name: JANE DOE

Dear JANE DOE

We APPROVED your HEALTHY START application of 02/04/1999. Your benefits start 02/01/1999. You will get benefits for:02/1999, 03/1999, and each month after that.

If you have paid for medical services while eligible for Medicaid, you may be able to get your money back. For information call the Medicaid Consumer Hotline at 1-800-324-8680 or TDD 1-800-292-3572.

The people affected by this action are:

JANE D (ELIGIBLE)

Reason: ALL ELIGIBILITY REQUIREMENTS HAVE BEEN MET

We based this action on OHIO ADMINISTRATIVE CODE, Rule 01020

RC:091 MA P 1 A3

KEEP READING >>>

Page 1 of 4

SEQ# 0000001  
DHS 8500 (Rev. 02/98)

THIS SPACE FOR OFFICIAL USE ONLY

PRINT SEQ. 0000001  
9999999999/MA P/01 NOTICE TYPE: AE01A3

AG Name:  
JANE DOE

Case Number:  
9999999999

Mailing Date:  
03/11/1999

This "Important Notice" tells you what we are doing on your case.

Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

**Ask for a State Hearing if you want to appeal.**

*Ask for a State Hearing if you disagree with what we are doing or think we are making a mistake. At the state hearing, you can explain your reasons. We will explain our reasons. A hearing officer from the Ohio Department of Human Services will decide who is right.*

**We must get your request for a State Hearing by the deadline: 06/09/1999.**

*Please use the next page ("State Hearing Request") to ask for a State Hearing. Save all the other pages of this notice.*

*Someone else may help you (a lawyer, social worker, friend, relative, etc.). Someone else may request a hearing for you and come to the hearing with you.*

*You can also get information about free legal services. For free legal help call the Ohio State Legal Services Association at 1-800-589-5888 (a free call).*

KEEP READING >>>

Page 2 of 4

SEQ# 000001  
ODS 8500 (Rev. 12/99)

THIS SPACE FOR OFFICIAL USE ONLY

PRINT SEQ. 000001  
9999999999/MA P/01 NOTICE TYPE: AE01A3

**STATE HEARING REQUEST**  
*Get this to us by the deadline to ask for a State Hearing!*

**STEP 1** Check all the boxes that apply, then sign.

I want a State Hearing. I am most concerned about (optional):

- Checks or cash assistance (OWF or DA)
- Food Stamps
- Medical assistance (Medicaid, Medicare, LIF, Healthy Start, DA Medical, spenddown, nursing homes, QMB, SLMB, etc.)
- PRC
- Other (please explain): \_\_\_\_\_  
 (examples: child day care, child support, overpayments, etc.)

I also want a County Conference. (A county conference is a meeting with you and staff from our county department of human services.)

My signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**STEP 2** You must complete this part if someone else is helping you with your case (a lawyer, social worker, friend, relative, etc.)

My authorized representative is:

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_

**STEP 3** Choose one of these ways to send this request to us. We must get this request by the deadline!

MAIL: Mail only this page. Follow the steps on the back of this page.

FAX: Fax only this side of this page to 614-728-9574 (ODHS Bureau of State Hearings).

E-MAIL: E-mail to "bsh@odhs.state.oh.us". Please include all the information requested in Steps 1 and 2; and all the information from box at the top of this notice (AG Name, Case Number and Mailing Date).

VISIT OR PHONE YOUR CASEWORKER: It is better to ask for a hearing by using mail, fax or e-mail. You may visit or phone your caseworker. Ask for a "State Hearing." Only you may phone. Take all pages of this notice if you visit your caseworker. Mention this notice if you phone.

KEEP READING >>>



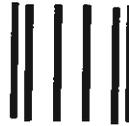
**Mailing Steps:**

- (1) Fold this page only along the dotted lines.
- (2) Tape or staple after folding.



JANE DOE  
111 MAIN ST

ANYWHERE OH 99999-9999



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO 5249 COLUMBUS OH

POSTAGE WILL BE PAID BY ADDRESSEE

OHIO DEPARTMENT OF HUMAN SERVICES  
BUREAU OF STATE HEARINGS  
P.O. BOX 182825  
COLUMBUS, OHIO 43272-5376

END