VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Heading out to Sea with Knowledge of the TANF Appeal Process

BPRO Fall Conference 2026

WELCOME

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OVERVIEW

Take a deep dive into the process of TANF appeals and Fair Hearings. This training will cover applicable forms, expectations, and the steps from start to finish, to ensure that workers are comfortable swimming through the appeal process.

Guidance and Procedures

The policy pertaining to appeals and fair hearings can be found in Chapter 100 of the TANF manual in sections 104-106. We will discuss this guidance as well as the forms, procedures, and best practices surrounding TANF Appeals.

TANF Manual

104.1 PURPOSE AND SCOPE OF APPEAL PROCESS

104.2 ROLE OF THE COMMISSIONER OF SOCIAL SERVICES

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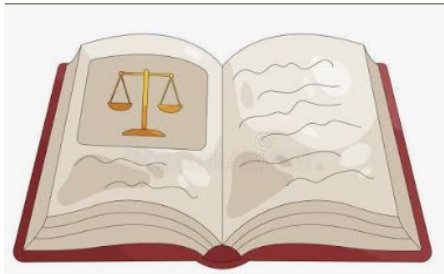
Please note that this is for TANF appeals only.
The process or guidance for other benefit programs may be different!

TANF State Plan and the Code of Virginia, Sections 63.2-517 - 63.2-519



These statutes allow for a *fair hearing* for individuals who receive public assistance. A fair hearing is an opportunity to review the way the local agency handled the individual's benefit program case.

Clients have the right to appeal and receive a fair hearing before the State agency because:

(a) his/her claim for assistance is denied, or is not acted upon with reasonable promptness

(b) he/she is aggrieved by any other agency action affecting their entitlement to or receipt of assistance, or by agency guidance as it affects their situation.

105.1 NOTIFICATION OF RIGHT TO APPEAL

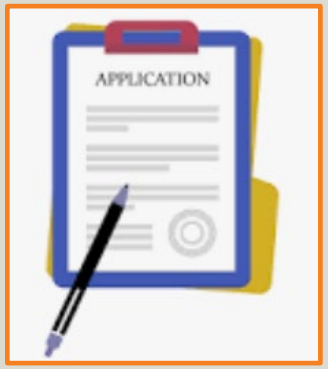
A. Every applicant for and recipient of assistance shall be informed in writing, at the time of application and at the time of any action, proposed or taken, affecting his claim, of the circumstances under which he has a right to a fair hearing of the method by which he may obtain a hearing, and of the right to be represented by others or to represent himself.* At the time assistance is first requested, the worker will provide the applicant with information about the assistance program(s) for which he is applying and fair hearing procedures. For recipients, this is accomplished when the recipient receives a written notice at the time of any action, proposed or taken, affecting his claim.

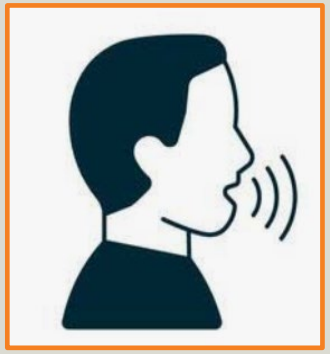
In addition to the use of written material, the local agency worker has the responsibility of informing the client orally of the right to appeal to the State agency if he is dissatisfied with any actions of the local board or Superintendent or failure to act in relation to his eligibility or the amount of assistance. The local agency must inform clients orally that if they have a disability that limits their ability to file an appeal, they are entitled to help from the local agency in filing the appeal.

B. Local agencies have an affirmative duty to provide information and referral services to help claimants make use of any legal services available in the community for representation in appeal hearings.

C. In addition to advising applicants and recipients about the right of appeal and the hearing procedures, other interested persons and organizations are to be advised verbally and by use of the leaflets as indicated.

D. All applicants and recipients must be informed of their right to request an appeal either orally or in writing.**





VIRGINIA DEPARTMENT OF SOCIAL SERVICES

APPEALS AND FAIR HEARINGS

WHAT IS A FAIR HEARING?

A fair hearing is an opportunity to review the way a local social services agency handled your situation about your need for services, money payments, SNAP benefits (food stamps) or Medical Assistance (Medicaid, FAMIS/FAMIS Plus/ FAMIS MOMS, and Plan First).

The fair hearing is a private, informal meeting with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present at the hearing. The hearing will be conducted by a hearing officer who is a representative of the Virginia Department of Social Services or the Department of Medical Assistance Services.

HOW DO I REQUEST A CONFERENCE WITH MY LOCAL SOCIAL SERVICES AGENCY?

In addition to filing an appeal for SNAP benefits, you may request a conference with your local social services agency if you are denied the opportunity to get your SNAP application processed quickly. In the conference, the agency will give you an explanation of why your application was not given expedited processing. You must also be given the opportunity to present information about why you think you were eligible for expedited processing of your SNAP application. You may have your story presented by an authorized representative such as a friend, relative, or lawyer at the conference.

If you request an appeal because you are denied expedited processing for SNAP benefits, the local social services agency must offer you a conference after your appeal is filed.

UNDER WHAT CIRCUMSTANCES MAY I REQUEST A HEARING?

You may ask for a hearing about SNAP or benefits or money payments if:

- Your application is denied or the agency refuses to take your application;
- You think your money payment or the amount of SNAP benefits is incorrect;
- You do not receive a notice from the agency, within 30 days of the date you apply, that your money payment application has been approved or denied, or that your application has not been acted on for a specific reason;
- You do not receive a notice from the agency, within 30 days of the date you apply, that your SNAP application has been approved or denied, or that the agency needs more information;
- You disagree with any local agency action that affects your money payments or SNAP benefits; or
- You are required to do something you think is unjust.

You may ask for a hearing about services or Medical Assistance if:

- An application for services (or for payment for services provided) is denied;
- The local social services agency has refused to accept your application;
- You have applied for services (or for payment for services provided), or Medical Assistance, and you have not heard from the social services agency within 45 days of making your application (90 days for Medicaid applications involving a disability determination);
- Your services have been decreased or terminated; or
- You have requested an increase in services (or services payments), but the request has not been approved.

HOW DO I ASK FOR A FAIR HEARING?

You must request a hearing for services or Medical Assistance in writing. You may ask for a hearing for SNAP benefits or for money payments in writing or orally. You may ask for a hearing by telephone by calling your local social services agency or by calling the Virginia Department of Social Services toll- free at: 1-800-552-3431.

For written requests, other than for Medical Assistance, you may complete a form available from your local social services agency, online at http://www.dss.virginia.gov/files/division/appeals/benefits/forms/032-03-0024-09-eng.pdf, or you may write a letter to the Virginia Department of Social Services. You may write to the Department of Medical Assistance Services to request a hearing for Medical Assistance or complete a request form available online at http://www.dmas.virginia.gov/Content_atchs/forms/dmas-200.pdf

You must ask for a hearing for services, money payments or Medical Assistance within 30 days of the written notice to you about the agency's action(s) or proposed action(s). You must ask for a hearing for SNAP benefits within 90 days of the written notice to you about the agency's action(s) or proposed action(s).

You must also ask for a hearing within 30 days if the local social services agency failed to accept your application for services, money payments or Medical Assistance, or failed to act on your application or written request for a change in the amount, kind, or conditions of services or money payments.

You must ask for a hearing for SNAP benefits within 90 days if the local social services agency failed to take your application or failed to take timely action on your application.

You may ask for a hearing or you may have an authorized representative make the request on your behalf. If you need assistance, contact your eligibility or service worker.

Send requests for hearings for money payments, SNAP benefits, or services to:

Hearing and Legal Services Manager
Virginia Department of Social Services
801 East Main Street
Richmond. Virginia 23219-2901

Mail or fax requests for hearings for Medical Assistance to:

Appeals Division
Department of Medical Assistance Services
600 E. Broad Street
Richmond, Virginia 23219

Fax Number (804) 371-8491

Note: The information in this pamphlet does **NOT APPLY** to the Child Protective Services Program.

Appeals and Fair Hearings Pamphlet on FUSION

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

WHAT HAPPENS AT THE HEARING?

The person who conducts the hearing is an official from the Virginia Department of Social Services or the Department of Medical Assistance services, not someone from your local social services agency. The hearing officer makes a decision on your appeal.

You will get a notice about the date and time for your hearing. The hearing will be held at the local social services agency or at a location that is agreeable to you and the agency. If you cannot be there on that day, call your service or eligibility worker immediately. If you need transportation, the local agency will provide it.

Your hearing will be by telephone or face-to-face. If you prefer a face-to-face hearing, you must notify the hearing officer immediately once the hearing is scheduled.

You may bring a representative or witnesses to the hearing to help you tell your story. Your service or eligibility worker, a local agency supervisor, and possibly other agency staff who know about your case may also be at the hearing to tell how the agency's decision was reached.

At the hearing, you and/or your representative will have the opportunity to:

- Examine all documents and records that will be used at the hearing;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- Establish pertinent facts and advance arguments; and
- Question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

The hearing officer will base the decision or recommendation only on evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this case, you and the local social services worker will have an opportunity to question or refute this additional information.

The hearing officer will notify you in writing of the decision on your appeal within 60 days of the date your appeal request is received by the Virginia Department of Social Services. The hearing officer will notify you of the decision within 90 days of the date your appeal for Medical Assistance is received by the Department of Medical Assistance Services.

REVIEW OF HEARING OFFICER'S DECISION

You have the right to seek judicial review of the hearing officer's decision on your case for a money payment, SNAP benefits, services, or Medical Assistance. You may request a judicial review if you disagree with the decision and want a court to make a final determination in your case. If you seek to have the hearing officer's decision reversed, you must file an appeal in the circuit court in the locality where you live within 30 days of receiving the hearing officer's decision. **Going to court is the only way to change the hearing officer's decision.**

Both you and the local agency that took the action on your case have the right to request an administrative review of the hearing officer's decision for money payments, SNAP and service cases. The review will be conducted by the Administrative Review Panel of the Virginia Department of Social Services. **The panel cannot change the hearing officer's decision** but, it will review the decision and/or

the way in which the hearing was conducted. The Administrative Review Panel will determine if the agency's instructions or procedures that were the basis for the hearing are clear. You must submit your request for an administrative review within 10 days of the date of the letter informing you of the hearing officer's decision. If you want an administrative review of the hearing officer's decision, send your request to:

Administrative Review Panel
Appeals and Fair Hearings Unit
Virginia Department of Social Services
801 East Main Street
Richmond. Virginia 23219-2901

IT IS YOUR RIGHT TO APPEAL the decision of the local social services agency; consequently, if you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for a fair hearing.

If you would like free legal advice you may contact Legal Aid by calling:

1-866-534-5243

"Services of the Virginia Department of Social Services are provided without regard to race, color, national origin, disability, sex, age, political beliefs, or religious creed.

B032-01-0901-22-eng (3/13)

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Commonwealth of Virginia
Department of Social Services

Date:
Case Number
Client ID:
Correspondence #

Notice of Action on Benefits

This letter tells you about your benefits. If you have a question, please contact your agency listed above.

Relative/Kinship Care Support Maintenance Payments will only be issued based on funding availability. When the funds are exhausted, payments for this program will automatically stop without further notice.

Which benefit?	Status of the benefit?
TANF	**Advance Notice of Proposed Action**

APPEALS AND FAIR HEARING

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a hearing on your case. You will have a chance to explain why you think we made a mistake at the hearing and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for TANF and/or Relative/Kinship Care Support Maintenance or SNAP benefits. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearings officer. The hearing officer is the official representative of the State Department of Social Services.
It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may call legal aid toll free at (866) 534-5243 or visit www.valegalaid.org.

How to File an Appeal

- Send a written request to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 5600 Cox Road, Glen Allen, VA 23060-9266, appeals@dss.virginia.gov or call me at the number listed on the front, or call (800) 552-3431.

When to Appeal

SNAP within 90 days. If you want benefits to continue during the appeal, you must appeal within 10 days of the date of this notice. You may have to repay benefits if you lose the appeal.

TANF within 30 days. If you want benefits to continue during the appeal, you must appeal before the effective date of the proposed action. You may have to repay benefits if you lose the appeal.

Relative/Kinship Care Support Maintenance within 30 days. If you want benefits to continue during the appeal, you must appeal before the effective date of the proposed action. You may have to repay benefits if you lose the appeal.

Local Agency Conference

In addition to filing an appeal, you may have a conference with your local social services agency about the denial of your entitlement to expedited SNAP benefits. During the conference, the agency must explain why you were not entitled to expedited benefits. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative can:

- Look at all documents and records used in the decision;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- State the important facts of your case and;
- Ask questions and tell us why you think we were wrong.

Appeal and Fair Hearing details are listed on manual and system generated notices to the client

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
(TANF, TANF-UP, TANF-EA, GR, AG, REFUGEE)
NOTICE OF ACTION

COUNTY/CITY	
CASE NUMBER	TYPE OF ASSISTANCE

IF YOU DISAGREE WITH THE ACTION TAKEN, YOU MAY ASK FOR A CONFERENCE WITH YOUR WORKER WHOSE NAME, ADDRESS, AND TELEPHONE NUMBER APPEAR ON THE BOTTOM OF THE PAGE OR ASK FOR A FAIR HEARING BEFORE THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES. THE INFORMATION ON THE REVERSE OF THIS FORM EXPLAINS YOUR RIGHT TO APPEAL **AND EXPLAINS HOW TO ASK FOR A FAIR HEARING.**

APPEALS AND FAIR HEARINGS

A fair hearing provides you the opportunity to review the way a local social services agency has handled your situation concerning your stated need for financial assistance. The fair hearing is a private, informal meeting at the local social services agency with you and anyone you wish to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearing officer. The hearing officer is the official representative of the State Department of Social Services.

If you disagree with the action taken, you may request in writing to appeal the decision and receive a fair hearing. Your request for a fair hearing must be made within 30 days. At the the hearing you will have a chance to explain why you think we made a mistake, and a hearing officer or appropriate authority will decide if you are right. Appeals should be sent to:

Virginia Department of Social Services
Hearing and Legal Services Manager
5600 Cox Road
Glen Allen, Virginia 23060-9266

The person who conducts the hearing is someone from the state Department of Social Services, not someone from your local social services agency. The hearing officer makes a decision on your appeal.

You will be notified of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call your service or eligibility worker immediately. If you need transportation, the local agency will provide it. You may bring a representative and/or witness to the hearing to help you tell your story. Your service or eligibility worker, a local agency supervisor, and possibly other agency staff who know about your case may also be at the hearing to tell how the agency's decision was reached.

At the hearing, you and/or your representative will have the opportunity to:

(1) examine all documents and records which are used at the hearing;

(2) present your case or have it presented by a lawyer or by an authorized representative such as a friend;

(3) bring witnesses;

(4) establish pertinent facts and advance arguments; and

(5) question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses.

The decision of the hearing officer is based exclusively on evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In such an event, you and the local social services agency have the opportunity to question or refute this additional information.

You will be notified in writing of the hearing officer's decision on your appeal within 60 days of the date your appeal request is received by the Virginia Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you desire free legal advice, you may contact your local legal aid office.

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

105.2 FAIR HEARINGS

A. Special Provisions With Respect To Termination Or Decrease In Amount Of Assistance

1. Advance Notice of Proposed Action

The client must be notified of any proposed reduction, termination, or suspension of assistance payments in writing, at least 10 days before the action is taken.

105.2 FAIR HEARINGS…

2. Provisions Regarding Continuation of Assistance

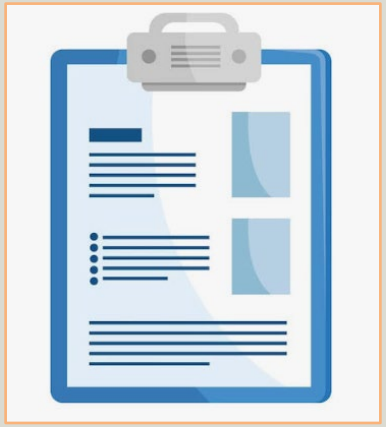
If a hearing request is received prior to the effective date of any proposed reduction in benefits or discontinuance of benefits, assistance will be continued in the original amount without interruption until a hearing decision is rendered, unless the client requests in writing that benefits not be continued.

- If the client does not want benefits to continue in the original amount they must submit in writing to the local agency or the Appeals Office, a statement refusing such assistance.
- The local agency does not have to wait for the validation form to continue benefits.
- If the worker receives the request for an appeal timely, they must continue the benefits.
- The agency shall inform the claimant in writing that assistance is being continued in the same amount pending the hearing decision
- If continuation of assistance in the original amount is declined by the recipient in writing and the hearing decision is in the recipient's favor, the agency will correct the underpayment(s).
- If the decision of the hearing officer is in favor of the agency and the client did not continue to receive benefits no action will be taken.
- If the client did continue to receive benefits during the appeal process benefits are subject to recovery by the agency.
- The agency is not required to provide additional notice before taking action based on the appeal decision.
- The difference between the original amount continued during the appeal and the correct benefit as supported by the hearing decision is an overpayment and must be recouped.
- The method of collection is that prescribed for recoupment and recovery of overpayments set forth at Section 503.8.
- Exception: TANF assistance granted during the appeal of a VIEW sanction for a client who has not yet received 24 months of assistance is not considered an overpayment when the hearing decision is adverse to the recipient. The unsuccessful appeal simply delays the imposition of the VIEW sanction and the consequent loss of benefits to the household. Any benefits issued beyond the 24th month are an overpayment and must be recouped.
- The requirement for filing an appeal is met if the request for a fair hearing is received by the State or local agency, or postmarked, by the effective date of the change.

REQUEST PROCEDURES 105.3

A request for a fair hearing can be made by a client or their authorized representative (relative, friend, attorney, etc.)

The request can be made verbally or in writing

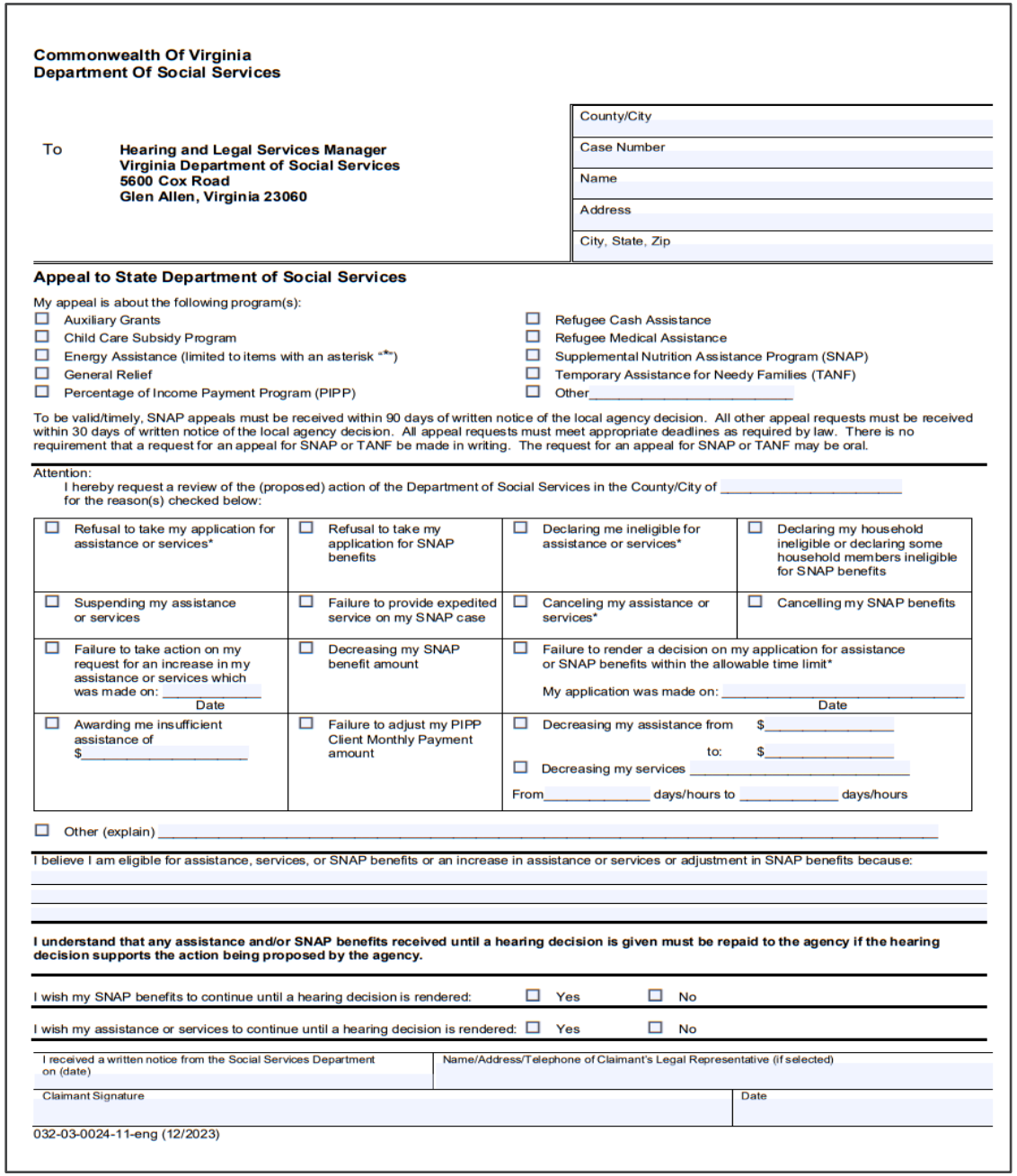


- The Notice of Appeal form must be made available to the household; however, completion of this form is not required if a request for a hearing has been made by another method, such as a written statement
- Local agencies must help the claimant submit and process the request, and prepare the case, if needed
- Information and referral services must be provided to help claimants make sure of any legal services available in the community that can provide legal representation at the hearing.
- The freedom to appeal must not be prejudiced or limited in any way; local agency emphasis must be on helping the claimant

APPEAL FORM

The Appeal to the State Department of Social Services form, 032-03-0024-11, can be found on FUSION

Once complete, it should be sent to the Hearing and Legal Services Unit for processing



Commonwealth Of Virginia
Department Of Social Services

County/City
Case Number
Name
Address
City, State, Zip

To **Hearing and Legal Services Manager**
Virginia Department of Social Services
5600 Cox Road
Glen Allen, Virginia 23060

Appeal to State Department of Social Services

My appeal is about the following program(s):

- ☐ Auxiliary Grants
- ☐ Child Care Subsidy Program
- ☐ Energy Assistance (limited to items with an asterisk "*")
- ☐ General Relief
- ☐ Percentage of Income Payment Program (PIPP)
- ☐ Refugee Cash Assistance
- ☐ Refugee Medical Assistance
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Other_____

To be valid/timely, SNAP appeals must be received within 90 days of written notice of the local agency decision. All other appeal requests must be received within 30 days of written notice of the local agency decision. All appeal requests must meet appropriate deadlines as required by law. There is no requirement that a request for an appeal for SNAP or TANF be made in writing. The request for an appeal for SNAP or TANF may be oral.

Attention:
I hereby request a review of the (proposed) action of the Department of Social Services in the County/City of _____ for the reason(s) checked below:

☐ Refusal to take my application for assistance or services*	☐ Refusal to take my application for SNAP benefits	☐ Declaring me ineligible for assistance or services*	☐ Declaring my household ineligible or declaring some household members ineligible for SNAP benefits
☐ Suspending my assistance or services	☐ Failure to provide expedited service on my SNAP case	☐ Canceling my assistance or services*	☐ Cancelling my SNAP benefits
☐ Failure to take action on my request for an increase in my assistance or services which was made on: _____ Date	☐ Decreasing my SNAP benefit amount	☐ Failure to render a decision on my application for assistance or SNAP benefits within the allowable time limit* My application was made on: _____ Date	
☐ Awarding me insufficient assistance of $_____	☐ Failure to adjust my PIPP Client Monthly Payment amount	☐ Decreasing my assistance from $_____ to: $_____ ☐ Decreasing my services _____ From_____ days/hours to _____ days/hours	

☐ Other (explain) _____

I believe I am eligible for assistance, services, or SNAP benefits or an increase in assistance or services or adjustment in SNAP benefits because:

I understand that any assistance and/or SNAP benefits received until a hearing decision is given must be repaid to the agency if the hearing decision supports the action being proposed by the agency.

I wish my SNAP benefits to continue until a hearing decision is rendered: ☐ Yes ☐ No

I wish my assistance or services to continue until a hearing decision is rendered: ☐ Yes ☐ No

I received a written notice from the Social Services Department on (date)	Name/Address/Telephone of Claimant's Legal Representative (if selected)
Claimant Signature	Date

032-03-0024-11-eng (12/2023)

TIME LIMITS FOR REQUESTING HEARING 105.4

- The client must file an appeal on any local agency action within 30 days of receiving a Notice of Action or Advance Notice of Proposed Action
- An appeal based on the failure of a local agency to accept an application or to act within the specified time limit on the application or written request for a change in the amount, kind, or conditions of assistance must be made within 30 days following such failure to accept the application or to take timely action thereon
- The requirement of filing within the time limit is met if the request for appeal is received in the state or local agency, or postmarked, by the end of the 31st day following the date of the agency's notice unless the claimant can provide proof that they were given fewer than 30 days to make a request for hearing. Acceptability of the proof rests with the state hearing authority
- If more than 30 days have elapsed in filing the appeal, the State authority may, in the interests of justice, grant an extension of the time period

PROCESSING OF APPEAL 106.1

- The appeal is received and assigned to a hearing officer who will validate the appeal
- The hearing officer will acknowledge the request by letter to the claimant with a copy to the AR, and to the local agency
- An Appeal Validation form will be sent to the agency and should be returned to the hearing officer in 5 days or less
- The local agency shall prepare an Appeal Summary of Facts
  - (032-03-0444)
- The summary should be sent to the hearing officer no fewer than 7 days prior to the hearing
- All statements made should be factual and phrased in a way not objectionable to claimant
- The agency will retain a copy of the Summary for presentation of its case at the hearing
- The hearing officer may request additional information if anything is unclear or insufficient
- The agency will mail a copy of the Summary and any other pertinent documents/records to the claimant or representative, at a reasonable time prior to the date of the hearing

The Appeal Summary of Facts includes the following:

1. **Identifying Information**
   - Name of local agency
   - Name, address, and case number of claimant
   - Persons included in the assistance unit - Name, birth date, relationship to claimant
   - Other persons in the household - names, relationship to claimant

2. **Date of Request and Reason for Appeal** - (Quoting claimant's own words in requesting hearing)

3. **Statement of Agency Action**
   - a. Give a brief, factual statement of the reason for agency action, or failure to act, nature and date of agency action. If agency error, negligence, or administrative breakdown was involved, say so.
   - b. Under the heading "agency guidance," give citation and quotation from the TANF Manual of the guidance statement on which agency action was based.
   - c. If the amount of assistance is in question, give a detailed breakdown of the claimant's financial circumstances as shown in VACMS and on the application with whatever explanation may be necessary.
   - d. If the issue appealed is noncooperation with DCSE, give a detailed explanation of the events, dates, and the reason for the noncooperation finding.

4. **State whether assistance is continuing during** the appeal process in the amount authorized immediately prior to the adverse action.

5. The Summary is to be **signed and dated by the supervisor and agency director** or designee. The local agency will retain a copy of the Summary which is the official document for presentation of its case at the hearing.

Appeal Summary of Facts

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF SOCIAL SERVICES
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

APPEAL SUMMARY OF FACTS
(Due to be received no later than seven (7) days prior to the hearing)

Agency Name & Address
_____
_____
_____

Supervisor:
_____

Worker
_____

CLAIMANT
Name: _____
Address: _____
_____
Case #: _____

Is assistance being continued Y_____N_____

I. PERSON(S) INCLUDED IN BENEFIT HOUSEHOLD

Claimant Name, Date of Birth
Other Household Members' name(s), Dates of Birth, Relationship to claimant.

II. DATE OF REQUEST AND REASON FOR APPEAL

Date of Request: (List date of appeal request)
Reason for appeal: (List the reason stated in the appeal request)

III. STATEMENT OF AGENCY ACTION – Logical, chronological sequence of events which led to the action taken by the LDSS. Explanation of the reason for the action.

State whether the action was prompted due to an application, renewal, periodic review, discovery of new information, denial, etc.

State the dates of the relevant actions, the reason for the agency's action, and facts that specifically relate to the policy/guidance underlying the agency's actions. Include any other information that is relevant to the action and/or issues of the appeal, for instance, the claimant's concerns or disagreements that were discussed during the time that the action took place.

Note:
For actions based on Excess Gross Income – state what the average gross income was calculated to be, as well as the pay amounts and dates applied in the calculation. If there was any overtime or unusual pay excluded or included, be sure to explain how that was considered.

For actions based on Insufficient Benefit Amount – explain the gross income as above. State the expenses/deductions that were applied to determine the net income and benefit amount. Include VaCMS screens showing the net income and benefit calculation.

For VIEW sanctions – state the requirement that claimant was obligated to complete. State how and when he or she failed to complete it. Provide specific information with dates of contact, source information, etc.

IV. POLICY/GUIDANCE PROVISIONS (check which one applies)

_____ List the Citations and Language that were the basis for your actions.
Citations _____ _____
OR
_____ Print out the relevant pages of guidance and mark the relevant provisions.

V. DOCUMENTATION

Relevant documentation should be included in the Appeal Summary. These documents are those that relate to the action being appealed. They will vary based on the specific facts of the case.

Examples include:

- Pay stubs
- VaCMS Screens showing the calculation of the net income and/or benefit amount
- Activity and Service Plan (VIEW Sanctions)
- Attendance forms (VIEW Sanctions)
- Requests for Verification (where verification is at issue)
- Application (where a question of whether certain information was reported)

VI. Copies of the Appeal Summary and all Supporting Documentation should be sent to both the claimant and the Hearings Officer

Signature of person completing the Appeal Summary
_____ Date _____

Signature of Director
_____ Date _____

032-03-0444-00-eng (7/13)

Appeal Summary of Facts

FORM NUMBER: 032-03-0444-00-eng (7/13)

PURPOSE OF FORM - This form outlines the pertinent and basic information that should be included in the Appeal Summary.

USE OF FORM - This form should be completed as soon as the worker(s) becomes aware that an appeal has been filed.

NUMBER OF COPIES - One original and three copies

DISPOSITION OF COPIES - Original – Appeal Office
1st copy - Claimant
2nd copy – Eligibility Record
3rd copy- VIEW record (if action due to VIEW non compliance)

INSTRUCTIONS FOR PREPARING THE FORM
Agency Name and Address - Enter the name of the agency.
Supervisor – Enter the name of the supervisor.
Worker – Enter the name of the worker.
Claimant: Enter the name, address and case number of the claimant.

I. Persons included in benefit household.
Enter the claimant's name and date of birth. Enter the name of all the persons included in the standard filing unit, dates of birth and relationship to the claimant.

II. Date of Request and Reason for the Appeal.
Enter the Date of the request for the appeal and the reason for the appeal. You will find this information on the copy of the appeal request.

III. Statement of Agency Action
Type in the logical, chronological sequence of events which led to the action taken by the LDSS. Type in the reason for the action.

IV. Policy/Guidance provisions
Check whether you will list the citations and language that were the basis for the action. If you check citations, enter the policy citations for the action.
If you check print out the relevant pages of guidance, print the guidance pages out and mark the relevant provisions and add to the summary packet.

V. Documentation
Any relevant documentation should be included. Examples:

- Pay stubs
- VaCMS Screens showing the calculation of the net income and/or benefit amount
- Activity and Service Plan (VIEW Sanctions)
- Attendance forms (VIEW Sanctions)
- Requests for Verification (where verification is at issue)
- Application (where a question of whether certain information was reported)

VI. Copies of the Appeal Summary
Copies of the appeal summary and all documentation pertaining to the appeal must be sent to the claimant, the appeal officer, and a copy is to be put into the case record (TANF and VIEW).

The form can be found on FUSION

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

FAIR HEARING PROCEDURES 106.2

Hearing Procedures

- ✓ Identification of those present
- ✓ Opening statement by the hearing officer explaining the purpose, procedure to be followed, how and by whom a decision may be made and communicated
- ✓ The claimant and/or representative can examine the case, provide evidence and present their case, bring a witness
- ✓ The local agency will do the same
- ✓ Information and discussion must be related to the issue being appealed
- ✓ Case records may be requested by the client/AR
- ✓ Adjustments to the payment or eligibility may be needed

- The hearing will be held at a time, place, and date convenient for the client
- They can be held in person or by phone
- The client can reschedule, if necessary, provided they have good cause
- The agency must assist with transportation for the client when necessary

DECISION ON APPEAL 106.3

The decision of the hearing officer shall be rendered within 60 days following the date the appeal is received by the local agency or the Virginia Department of Social Services.

The hearing officer may grant the claimant or representative an extension, not to exceed 30 days

- The hearing officer will prepare a written report outlining the findings, conclusions, decision, and recommendations
- The decision will be based on the evidence and material presented during the hearing, the discussion during the hearing, and the paperwork submitted during the process
  - In some cases, additional information may be requested
- The decision will be made available to the claimant or AR
- If corrective payments are necessary, they will be made retroactively to the date of the incorrect action by the agency
  - The payments will be corrected no later than the 10th working day after the appeal decision letter is mailed
- If the agency's action is upheld and results in a decrease in benefits, that decrease must be reflected in the month following the decision, or as soon as administratively possible
  - Additional notice is not required as the client was notified during the original action on the case

DISPOSITION OF APPEALS OTHER THAN BY HEARING DECISION

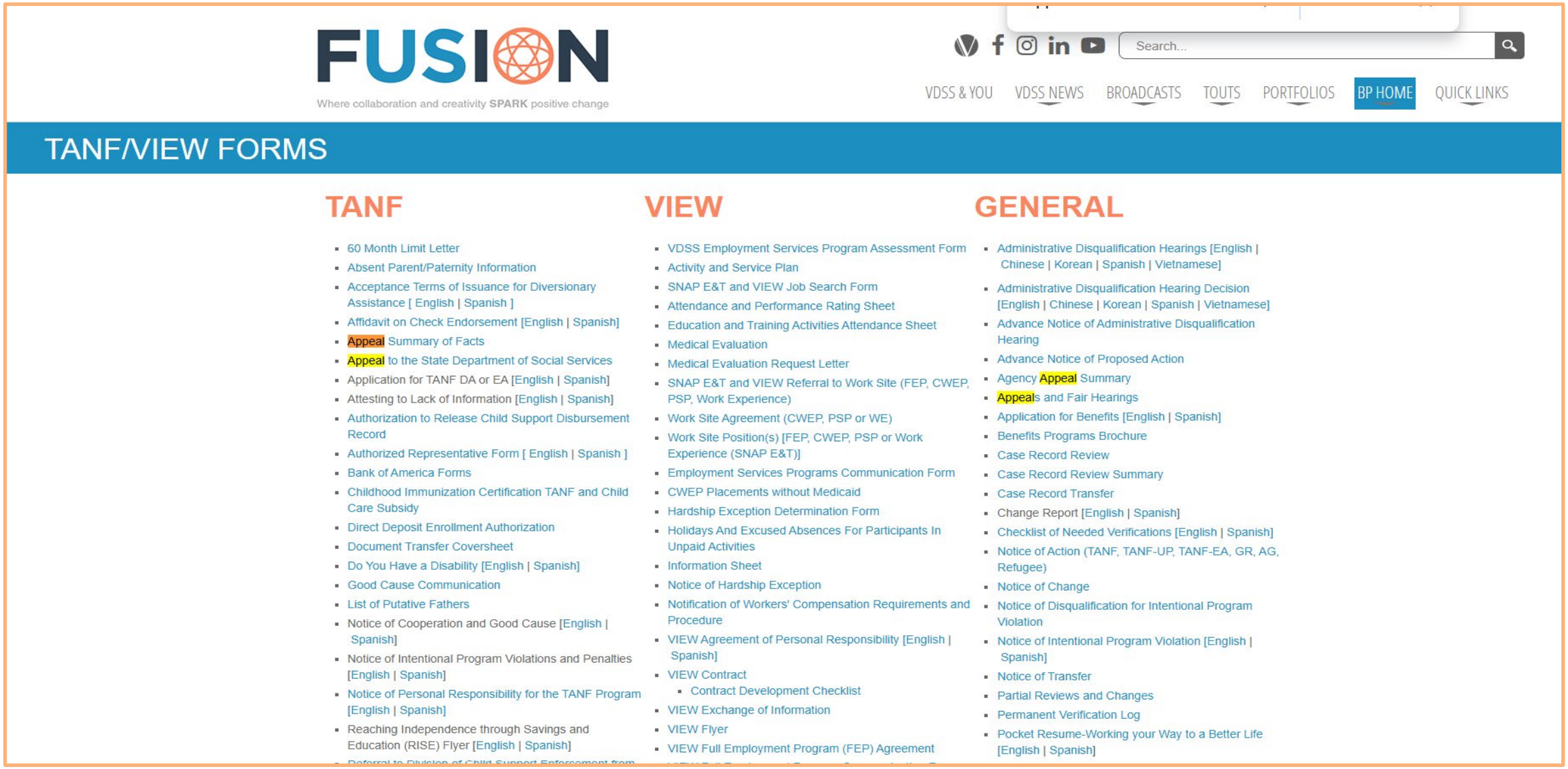
Every valid appeal shall be disposed of by written decision except in the following instances:

A. An appeal may be withdrawn in writing by the claimant or his representative

B. An appeal may be abandoned by the claimant. An appeal is considered abandoned if neither the claimant nor his representative appears at the time and place scheduled for the hearing without good cause. When the claimant or his representative fails to appear, the hearing officer will issue a 10-day show cause letter to the claimant giving him an opportunity to explain why he did not appear. If there was a reasonable basis for the failure to appear, the hearing officer will arrange another bearing date.

C. Death of claimant in a one-member assistance unit constitutes abandonment of an appeal.

The required forms can be found on the TANF/VIEW FORMS page on FUSION



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Where collaboration and creativity SPARK positive change

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TANF/VIEW FORMS

TANF

- 60 Month Limit Letter
- Absent Parent/Paternity Information
- Acceptance Terms of Issuance for Diversionary Assistance [English | Spanish]
- Affidavit on Check Endorsement [English | Spanish]
- Appeal Summary of Facts
- Appeal to the State Department of Social Services
- Application for TANF DA or EA [English | Spanish]
- Attesting to Lack of Information [English | Spanish]
- Authorization to Release Child Support Disbursement Record
- Authorized Representative Form [English | Spanish]
- Bank of America Forms
- Childhood Immunization Certification TANF and Child Care Subsidy
- Direct Deposit Enrollment Authorization
- Document Transfer Coversheet
- Do You Have a Disability [English | Spanish]
- Good Cause Communication
- List of Putative Fathers
- Notice of Cooperation and Good Cause [English | Spanish]
- Notice of Intentional Program Violations and Penalties [English | Spanish]
- Notice of Personal Responsibility for the TANF Program [English | Spanish]
- Reaching Independence through Savings and Education (RISE) Flyer [English | Spanish]

VIEW

- VDSS Employment Services Program Assessment Form
- Activity and Service Plan
- SNAP E&T and VIEW Job Search Form
- Attendance and Performance Rating Sheet
- Education and Training Activities Attendance Sheet
- Medical Evaluation
- Medical Evaluation Request Letter
- SNAP E&T and VIEW Referral to Work Site (FEP, CWEP, PSP, Work Experience)
- Work Site Agreement (CWEP, PSP or WE)
- Work Site Position(s) [FEP, CWEP, PSP or Work Experience (SNAP E&T)]
- Employment Services Programs Communication Form
- CWEP Placements without Medicaid
- Hardship Exception Determination Form
- Holidays And Excused Absences For Participants In Unpaid Activities
- Information Sheet
- Notice of Hardship Exception
- Notification of Workers' Compensation Requirements and Procedure
- VIEW Agreement of Personal Responsibility [English | Spanish]
- VIEW Contract
  - Contract Development Checklist
- VIEW Exchange of Information
- VIEW Flyer
- VIEW Full Employment Program (FEP) Agreement

GENERAL

- Administrative Disqualification Hearings [English | Chinese | Korean | Spanish | Vietnamese]
- Administrative Disqualification Hearing Decision [English | Chinese | Korean | Spanish | Vietnamese]
- Advance Notice of Administrative Disqualification Hearing
- Advance Notice of Proposed Action
- Agency Appeal Summary
- Appeals and Fair Hearings
- Application for Benefits [English | Spanish]
- Benefits Programs Brochure
- Case Record Review
- Case Record Review Summary
- Case Record Transfer
- Change Report [English | Spanish]
- Checklist of Needed Verifications [English | Spanish]
- Notice of Action (TANF, TANF-UP, TANF-EA, GR, AG, Refugee)
- Notice of Change
- Notice of Disqualification for Intentional Program Violation
- Notice of Intentional Program Violation [English | Spanish]
- Notice of Transfer
- Partial Reviews and Changes
- Permanent Verification Log
- Pocket Resume-Working your Way to a Better Life [English | Spanish]

https://fusion.dss.virginia.gov/bp/BP-Home/TANF-and-VIEW/Forms

CASE MANAGEMENT TIPS

- Ensure cases are processed correctly by utilizing program guidance, seeking assistance when necessary, and adhering to required time frames
- Ask clarifying questions when information is unclear or incomplete
- Review wrap up screens thoroughly before authorizing cases
- Upload all verifications, forms, and documents at the time of processing
  - Make sure they are all legible, clear, and categorized correctly in DMIS
- **DOCUMENT, DOCUMENT, DOCUMENT**
  - Enter case narratives during processing and be thorough.
  - Waiting to enter the details may cause you to miss or forget important details.
  - The narrative should include enough detail to outline the scenario and support eligibility decisions.
  - Any workarounds, out of the ordinary scenarios, or system issues should be well documented and explained.
  - Document all cases as if they were going to be appealed or read by a case reader.
  - Remember that your documentation will be your most important resource during an appeal, your memory may fail you, but your documentation will remain in the case for years to come.
  - You can be summonsed to testify regarding eligibility decisions for fraud cases, even after you have left employment with DSS.

QUESTIONS?

Thank you