# Subsidized Child Care Assistance Policy Manual DCDEE-0456B Denial- Withdrawal Notice

	Presorted First Class
Coun	ty Information
County Name:	Date Generated:
	Date Generated
Applicant/R	Recipient Information
Applicant Name:	
Application ID	
Date of Application:	
Notice of D	enial or Withdrawal
	A Application for child care assistance has been: or Withdrawn Effective:
Denial/Withdrawal Reason:	
Add	litional Notes
Enter Notes:	

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Application ID:

### Hearing Rights Your Rights to a Hearing:

If you disagree with this decision, you may request a hearing either orally or in writing. If you wish to request a fair hearing, you must contact the child care supervisor/coordinator of the local purchasing agency (LPA) within sixty (30) calendar days from the date of this letter. The last day on which you may ask for a hearing is <u>Hearing Request Deadline</u>. Your appeal rights are explained below.

#### **TO PARENT:**

This information serves to notify you of action taken on your application for Subsidized Child Care Assistance. Please keep this form for your records.

- You have the right to a hearing if you were denied or discouraged from applying for SCCA benefits.
- You have the right to request a hearing if your case is terminated, your benefit is changed, or your case is not acted upon in time. Program requirements are listed in Section 4: Program Rights and Responsibilities Form.
- You have the right to a hearing if you disagree with the decision made on your case. For Subsidized Child Care Assistance, State and Local hearings can only be requested at the county level. The standard time to request a hearing is 30 days from the date of your notice. Additionally, you cannot request a hearing if the county where you reside has no available funds.

#### HOW TO GET A FAIR HEARING

You are reminded that you have a right to request and obtain a fair hearing if you disagree with the decisions about your child care assistance as stated on this form. You can request a hearing orally, in person, by telephone or in writing. Contact your caseworker to ask for a hearing.

As required by policy a local hearing will be held for you with an official of the local purchasing agency within 5 days of your request unless you ask for it to be postponed for good reasons. If you have good cause, the hearing may be delayed up to ten (10) additional calendar days. Good cause reasons include but not limited to failure to receive notification of hearing, unforeseeable events, illness, or hospital stay. If you are dissatisfied with the decision made at that hearing, you might have a second hearing with an impartial official from the NC Department of Health and Human Services. Contact your caseworker WITHIN 15 DAYS to ask for a second hearing. The second hearing is before a state hearing

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official. The hearings establish whether the action remains upheld and services end or if the action is overturned and services continue.

#### YOUR RIGHT TO BE REPRESENTED

At either of these hearings, you may have someone speak for you at your hearing, such as a relative or a paralegal or attorney obtained at your expense. Free legal services may be available in your community. Contact your nearest Legal Aid or Legal Services office or call 1-866-219-5262 toll free.

If you have additional questions or concerns, contact your caseworker for information, or call DHHS Customer Service Center toll free at 1-800-662-7030. TDD/Voice for the hearing impaired is also available through the DHHS Customer Service Center number. The DHHS Customer Service Center is available Monday through Friday 8 a.m. to 5 p.m. except for state holidays. A bilingual information and referral specialist is available to translate for persons with limited English proficiency.

#### YOUR RIGHT TO SEE YOUR RECORD

You (or the person speaking for you) can view your record at any time, except for third-party information. If you ask, you may also see additional information to be used at the hearing.