

YOUR RIGHTS

FAIR HEARING CONFIDENTIALITY NON-DISCRIMINATION

State of Hawaii
Department of Human Services
Benefit, Employment and Support Services Division

YOU HAVE A RIGHT TO APPLY FOR A FAIR HEARING

WHAT IS A FAIR HEARING?

A fair hearing is an impartial review of the Department's action to deny your application for assistance or to reduce or stop benefits you are receiving; or the Department's failure to make a decision or inform you of the decision within a specified period of time. A hearing officer who was not involved in your worker's decision will review all the facts of your case and will decide if you have been treated fairly. If the hearing officer finds that you were not treated fairly, the Department will correct the action.

The Department must send you a written notice whenever your application for assistance is denied or your financial, child care, food stamp, medical care, or social service assistance is reduced, suspended, withheld, or stopped.

If you do not agree with the action taken by the Department, you may call your worker, or ask for an informal meeting with the worker's supervisor, or you can request a fair hearing. Your request for a fair hearing must be received within 90 days from the date of the notice sent to you, otherwise it will be too late for a fair hearing.

When the Department receives your request for fair hearing, the Department must make and implement the fair hearing decision within 60 days for the Food Stamp

program and 90 days for the Public Assistance programs.

When the help you are receiving is stopped or reduced, the notice sent to you will explain the time period in which you must file for a fair hearing in order for aid to continue until the fair hearing decision is reached.

WHEN TO FILE

When you applied for assistance and you were informed that you are not eligible but you disagree.

When the Department has taken more time than the following to process your application: 30 days if you are a food stamp or social service applicant; 45 days if you are applying for medical or financial assistance; 60 days if you are disabled and are applying for medical assistance.

When you are receiving help and you are told that your financial, medical, food stamp and/or social service assistance is being reduced or stopped, and you don't agree with the reasons the Department gave in reducing or stopping your help.

HOW TO ASK FOR A FAIR HEARING

You must request a fair hearing in writing (oral request acceptable for food stamps) on the Department form or any other paper. The request must be received by the Department; your worker, or unit office within 90 days of the date of the notice.

IS A LAWYER REQUIRED?

A lawyer is not required. You can bring a friend, relative, minister, or some other person to represent

you. If you don't have anyone to represent you but you want help, the worker can give you information about a Legal Aid Office or a community agency which will provide advice or representation at no cost to you.

If you decided not to have anyone help you, it is a good idea to write down why you don't agree with the Department's action. In this way you will not forget what you want to say and it will help you to tell your story as clearly as you can.

You are required to appear in person at the fair hearing unless you informed the Department, in writing, that you will be represented by an authorized representative.

WHAT ARE YOUR RIGHTS AT THE HEARING?

You can examine all documents and records to be used at the hearing at a reasonable time before the date of the hearing as well as during the hearing.

You can present the case yourself or with the help of other persons.

You can bring witnesses, including an interpreter. If you need an interpreter and don't have one, ask your worker to help you get one.

You and the Department must agree on the people who will be allowed to observe the hearing.

You can tell why you think the Department was wrong.

You can question the worker or the other witnesses of the Department.

NON-DISCRIMINATION

No one shall be excluded from or be denied eligibility for a Federally aided assistance program only because of his race, color, age, sex, physical or mental handicap, religious creed, national origin, or political beliefs.

If you believe that you have been discriminated against for any of the above reasons, you have a right to file a complaint with the Department of Human Services, Civil Rights Compliance Office, P. O. Box 339, Honolulu, Hawaii 96809. If you wish, your appeal may be taken beyond the Department up to the Federal Government. The address of the Federal office is, Department of Health & Human Services, Region IX Office of Civil Rights, 50 United Nations Plaza, Room 322, San Francisco, California 94102. For Food Stamps, you may appeal to the Secretary of Agriculture, Washington, D.C. 20250.

CONFIDENTIALITY

State and Federal laws require that the Department cannot release any information about you to anyone without your written permission unless such release is directly related to the administration of the assistance programs, including financial assistance, child support, medical assistance, food stamp benefits, and social service programs, or is needed in specific protective service situations.