TEXAS Health and Human Services

Form H4807
July 2009-E

Action Taken on Hearing Decision

Section A

Appellant	Region No.	Case/Client No.
Hearing Officer	Mail Code	Decision Date

Section B – To Be Completed by Worker/Technician/Supervisor

Was action on fair hearing decision delayed? ☐ Yes ☐ No

If Yes, enter dates and appropriate delay codes below:

1. Date Delay Began (mm/dd/yy)	Date Delay Ended (mm/dd/yy)	Code	2. Date Delay Began (mm/dd/yy)	Date 2nd Delay Ended (mm/dd/yy)	Code
If code D was used, explain:					

For SNAP Cases Only

Date Decision Received by Local Office	Date H4807 Mailed to Hearing Officer

	Benefit Issuance (Enter date and check method used.) Date	A MATP	B H1000-A/B GWS	C H1000-A/B Manual
☐ A - Resorted benefits issued for all months		☐	☐	☐
☐ B - Restored benefits issued for all months for which information/verification was provided and/or client's statement was accepted as verification on		☐	☐	☐
☐ C - Supplement benefits issued on		☐	☐	☐
☐ D - Ongoing benefits issued on		☐	☐	☐
☐ E - Recovery initiated on				

☐ F - No Action required, because ______

For TANF Cases Only

Date Decision Received by Local Office	Date H4807 Mailed to Hearing Officer

	Benefit Issuance (Enter date and check method used.) Date	A MATP	B H1000-A/B GWS	C H1000-A/B Manual
☐ G - Resorted benefits issued for all months		☐	☐	☐
☐ H - Restored benefits issued for all months for which information/verification was provided and/or client's statement was accepted as verification on		☐	☐	☐
☐ I - Supplement benefits issued on		☐	☐	☐
☐ J - Ongoing benefits issued on		☐	☐	☐
☐ K - Recovery initiated on				

☐ L - No Action required, because ______

For All Other Programs **Program(s):** ______

Date Decision Received by Local Office	Date H4807 Mailed to Hearing Officer

	Date
☐ Restored benefits or services initiated on	
☐ Recoupment or restitution initiated on	
☐ Compliance procedures in progress	
☐ Other eligibility requirements being investigated (explanatory memo to follow)	

☐ No Action required, because ______

Signature - Worker/Agency Designee	Date	Signature - Supervisor	Date