TEXAS
Health and Human Services

Date
DADS Case Manager
Office Address and Telephone Number

Name and Address

Notification of In-Home and Family Support Program Benefits

☐ The Department of Aging and Disability Services (DADS) has determined you are eligible to receive benefits from the In-Home and Family Support Program effective _____ for a total grant amount of $ _____ .

In order to remain eligible, you must send receipts for the approved items and services you purchased to the address listed above by _____ .

Failure to provide receipts for allowable purchases may result in denial of benefits.

Only purchase those items or services approved by your case manager.

Report any changes to your case manager regarding your income, address or situation within 10 days after the change.

☐ **Based on a review of your current situation, DADS has determined that:**

- ☐ You are not eligible for benefits through the In-Home and Family Support Program.
- ☐ The last day you are eligible for benefits through In-Home and Family Support Program is _____.
- ☐ You have been granted a supplemental service subsidy grant of $ _____ for a total grant amount of $ _____ .

This decision is based on:

- ☐ In-Home and Family Support Program Rule: § _____
- ☐ In-Home and Family Support Program Handbook Reference: _____

☐ **Reason for denial (up to 5 lines):**

Comments

_____ Signature – DADS Case Manager

_____ Date

See Page 2 of this document for a statement of your appeal rights.

Name	Number

Statement of Your Rights

You may request a fair hearing to appeal the decision shown on Page 1. You lose the right to appeal this decision 90 days from the date of this letter. If you are currently receiving services and request a fair hearing on or before the last day of eligibility on Page 1, you may be able to continue receiving your current service(s) until the fair hearing is completed. If the result of the appeal agrees with the action described on Page 1, you may be asked to pay back the cost of services provided to you during the appeal period.

If you request a fair hearing, you may represent yourself or you may be represented by an authorized representative, a relative, a friend or legal counsel. If you, your representative or the hearing officer requests, your Department of Aging and Disability Services (DADS) case manager may be present at the hearing. For free legal services, contact 1-800-733-8394.

If you want a fair hearing, check the box below, sign your name, enter the date and return this letter to your DADS case manager listed on Page 1. Keep the copy of this letter for your information. You may also request a hearing in person or by telephone.

If you do not want a fair hearing, do not return this letter. If we have not received your hearing request on or before the last day of eligibility on Page 1, we will complete the action explained on Page 1. If we have not received your request for a hearing within 90 days from the date of this letter, your right to a hearing is lost.

Whether or not you want a hearing, you may request a conference to discuss your situation with supervisory or management staff in the department. If you want a conference, contact your DADS case manager to make the arrangements.

☐ **Request for Hearing** (Check this box **only if** you want a hearing.)

I file this as my appeal and request for a hearing before a Health and Human Services Commission officer. I understand that if I continue receiving services and if the hearing officer decides the action taken is correct, I may be asked to pay back the cost of some or all of the services I received while this hearing was pending.

_____ _____
Signature - Applicant/Individual Date

If you believe you have been discriminated against because of race, color, national origin, age, sex, handicap, political beliefs or religion, you may lodge a complaint with the management staff of this agency by contacting your case manager's supervisor or writing immediately to:

Civil Rights Department
Health and Human Services Commission
P.O. Box 149030
Austin, TX 78714-9030

If you are also requesting a hearing, send this notice back to your case manager. **Do not** send this notice to the Civil Rights Department.