Texas Department of Aging
and Disability Services

Form 4807-D
April 2010-E

DADS Action Taken on Hearing Decision

Section A

To: Data Entry Representative (DER)		**From:** Program Representative's Name	**Region**	**Unit No.**
Date Sent to DER	Date Received by DER	Appellant's Name	Appeal ID No.	
Appellant's Individual No.	Appellant's Address		City/State/ZIP Code	
Program Representative	Office Mailing Address		City/State/ZIP Code	
Program Representative Supervisor	Supervisor's Address		City/State/ZIP Code	

Section B – Hearing Decision Information

Hearing Officer	Decision Date	Date Decision Received by Local Office
Hearing Officer's Decision:		

Section C – Implementation Delays

Was action on the fair hearing decision delayed?..... ☐ **Yes** ☐ **No**	
Program	Type of Assistance (TOA)
Implementation Delay Reason ☐ Beyond Agency Control ☐ Individual Refuses to Cooperate ☐ Pending Information Needed	
Delay Begin Date (mm/dd/yy)	Delay End Date (mm/dd/yy)

Section D – Implementation Details

Implementation Date		
Type of Implementation	**Description**	**Benefit Issue Date**
☐ Restored benefits or service		
☐ Recoupment or restitution		
☐ Compliance procedures in progress		
☐ Other eligibility requirements being investigated		
☐ No action required		

Signature–Program Representative

Date

Signature–Supervisor

Date

Signature–Data Entry Representative

Date Entered into TIERS