Joe Lombardo
Governor

Laura Rich
Director

DEPARTMENT OF HUMAN SERVICES

DIVISION OF SOCIAL SERVICES

Helping people. It's who we are and what we do.

Robert H. Thompson
Administrator

☐ TANF ☐ MEDICAID ☐ SNAP

Date: _____
Case Name: _____
Case ID: _____

CONFERENCE/ HEARINGS

CONFERENCE: (*Include reason for conference and conference summary below*)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I agree with the notes above.

Customer Signature	Print Name	Date	Telephone Number
Case Manager Signature	Print Name	Date	Telephone Number

HEARING: *(Check one of the following)*
Note: **If you lose, abandon or withdraw your hearing, any benefits which you receive which you were not entitled to must be repaid.**

☐ I am requesting a hearing. The reason for this request is:

_____
_____
_____
_____

☐ I have had a prehearing conference and want to continue with a hearing.
☐ I am withdrawing my request for a hearing that was placed on _____
Date

Customer Signature	Print Name	Date	Telephone Number
Witness Signature	Print Name	Date	Telephone Number