

**Georgia Department of Human Services**  
**DISPOSITION NOTIFICATION**  
**TANF LIFETIME LIMIT TERMINATION OR HARDSHIP DENIAL**  
**Division of Family and Children Services**

Client Name: \_\_\_\_\_  
Case Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Case Number  
\_\_\_\_\_  
Case Worker Name  
\_\_\_\_\_  
Telephone/Extension  
\_\_\_\_\_  
Date

**PROCEDURES FOR REQUESTING A HEARING ARE ON THE BACK OF THIS FORM**

This action is to become effective \_\_\_\_\_ **FOR FREE LEGAL SERVICES CALL 1-800-745-5717**

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- You have reached the 48-month lifetime limit for Temporary Assistance for Needy Families (TANF)
    - Your TANF cash assistance will terminate effective \_\_\_\_\_
  - You will not receive an extension of TANF cash assistance because
    - You do not meet any of the requirements for a hardship waiver.
    - You failed to provide the evidence requested to support your hardship claim.
    - You previously received an extension but no longer qualify for a hardship.
  - Your application dated \_\_\_\_\_ has been denied because
    - You did not keep your appointment, and we therefore could not determine whether your assistance unit has a hardship.
    - You voluntarily requested that your case be closed.
    - Other:
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- You will receive a separate notice if this action affects any of your other benefits.
- If your situation changes and you think you might meet one of the hardship waiver criteria, contact your local Division of Family and Children Services (DFCS) office.
- If your family is in need of other services, contact your local DFCS office for information about other resources available in your community.

**REGULATIONS:** Economic Support Services Manual, Sections 1390 and 1392

❖ **IMPORTANT INFORMATION:**

- **Policy** used to determine your eligibility can be found at <http://odis.dhs.ga.gov/General>.
- In accordance with Section 504 of the **Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA)**, the **Department of Human Services (DHS)** provides Reasonable Modifications and Communication Assistance to persons with disabilities. More information can be found at Notice of ADA/Section 504 Rights, at <https://dfcs.georgia.gov/adasection-504-and-civil-rights>.
- If you need help reading or completing this document or need help communicating with us, ask us or call 1-877-423-4746. Our services, including interpreters, are free. If you are deaf, hard-of-hearing, deaf-blind or have difficulty speaking, you can call us at the number above by dialing 711 (Georgia Relay).
- Under the **Department of Human Services (DHS)**, you may file discrimination complaints by contacting your local DFCS office or the DFCS Civil Rights, ADA/Section 504 Coordinator at 47 Trinity Avenue SW, Atlanta, GA 30334, 877-423-4746. For complaints alleging discrimination based on limited English proficiency, contact the DHS Limited English Proficiency and Sensory Impairment Program at 47 Trinity Avenue SW, Atlanta, GA 30334, 877-423-4746 (voice).
- To report SNAP and TANF fraud please contact the Office of Inspector General's (OIG) at 1-877-423-4746.
- **You have the right to ask for a fair hearing** before a state hearings officer if you do not agree with this decision. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing in writing or by contacting the agency within:
  - **30 days** from the date of this notice **for TANF**.

**If you wish to continue receiving benefits while waiting for your hearing decision** you must request the hearing within **14 days** from the date of this notice. Please understand that benefits may not be continued if your case closed at the end of a certification period or if your application to receive benefits was denied.

## Legal Information

**You may be able to get legal help at no cost. If you want a lawyer to help you, you may call one of the numbers below.**

- |   |   |
|---|---|
| 1. Georgia Legal Services Program<br>1-800-498-9469<br>(Statewide legal services, EXCEPT for the counties served by Atlanta Legal Aid)  | 2. Office of the State Long-Term Care Ombudsman<br>Division of Aging Services<br>47 Trinity Avenue SW,<br>Atlanta, GA 30334<br>866-552-4464 |
| 3. Atlanta Legal Aid<br>404-377-0701 (DeKalb County)<br>678-407-6469 (Gwinnett County)<br>770-528-2565 (Cobb County)<br>404-524-5811 (Fulton County)<br>404-669-0233 (So Fulton/Clayton County) | 4. Georgia Senior Legal Hotline<br>1-888-257-9519<br>(Statewide legal services for elderly persons)   |

**Where the sole issue involved is one of State policy, group hearings may be conducted 42 C.F.R. § 431.222.**



### FAIR HEARING REQUEST

-- Complete and return this form if you do not agree with this decision.

Today's Date:	Telephone No. (Where You can be Reached)
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I am requesting a fair hearing for:

- SNAP/Senior SNAP    Medical Assistance    TANF    WIC

By checking this box, I understand I am requesting a fair hearing because I disagree with the decision made on my request for SNAP/Senior SNAP, Medical Assistance, TANF, or WIC. I understand an administrative law judge will listen to the cases presented by both parties and will determine if state and federal law was followed correctly.

**Please tell us why you want a fair hearing:**

**Check the correct box if applicable:**

- I do not want to continue receiving the benefits I now receive while waiting for the hearing decision.
- I want to continue receiving the benefits I now receive while waiting for the decision. **I understand that I will be required to repay the Department of Human Services any overpayment in benefits to which I was not entitled as determined by the hearing official.** I understand that my benefits may not be continued if my case closed at the end of a period of eligibility or if my application to receive benefits was denied.

\_\_\_\_\_  
Signature or Mark of Claimant

\_\_\_\_\_  
Date

**Please return this completed form to your County Division of Family and Children Services**