

Attachment J

RIGHT OF APPEAL AND FAIR HEARING

IF YOU DISAGREE WITH ANY ACTION TAKEN IN REGARDS TO YOUR CHILD CARE BENEFITS, YOU HAVE A RIGHT TO:

- * A LOCAL LEVEL DISPUTE RESOLUTION CONFERENCE WHICH MUST BE REQUESTED BEFORE THE EFFECTIVE DATE OF THE PROPOSED ACTION;
- * IF YOU DO NOT WANT TO HAVE A LOCAL/COUNTY CONFERENCE TO RESOLVE THE DISPUTE, A STATE LEVEL FAIR HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE, IF THE ISSUE IS APPEALABLE, AND IF YOUR WRITTEN REQUEST IS MAILED OR DELIVERED TO THE DIVISION OF ADMINISTRATIVE HEARINGS NO LATER THAN 90 CALENDAR DAYS FROM THE DATE OF THE NOTICE OF ACTION;
- * IF YOU ARE DISSATISFIED WITH THE OUTCOME OF THE LOCAL DISPUTE RESOLUTION CONFERENCE, A STATE LEVEL FAIR HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE IF THE WRITTEN REQUEST FOR A HEARING IS MAILED OR DELIVERED TO THE DIVISION OF ADMINISTRATIVE HEARINGS NO LATER THAN 10 CALENDAR DAYS AFTER THE LOCAL LEVEL CONFERENCE DECISION IS MAILED OR DELIVERED BY THE COUNTY;
- * JUDICIAL REVIEW OF THE FINAL AGENCY DECISION FOLLOWING THE STATE LEVEL FAIR HEARING IN DISTRICT COURT, AFTER EXHAUSTING ALL ADMINISTRATIVE APPEAL RIGHTS; AND
- * CONTINUED ASSISTANCE UNTIL THE DISPUTE IS RESOLVED OR UNTIL THE FINAL AGENCY DECISION IS ISSUED, AND IF YOU HAVE BEEN RECEIVING CHILD CARE ASSISTANCE, IF THE REQUEST FOR A LOCAL CONFERENCE AND/OR STATE LEVEL HEARING IS MADE BEFORE THE EFFECT DATE OF THE PROPOSED ACTION BEING APPEALED. YOU SHOULD BE AWARE THAT THE STATE AND COUNTY ARE REQUIRED TO ATTEMPT TO COLLECT OR GET REPAYMENT OF ALL BENEFITS PROVIDED YOU FOR WHICH YOU WERE NOT ENTITLED.

IF YOU REQUEST A LOCAL CONFERENCE, THAT CONFERENCE WILL BE SCHEDULED BY THE COUNTY. AT THE CONFERENCE, YOU WILL BE GIVEN AN OPPORTUNITY TO PRESENT YOUR CASE. THE PERSON(S) REVIEWING YOUR CASE WILL NOT BE THE SAME PERSON RESPONSIBLE FOR THE ACTION IN DISPUTE.

BEFORE YOU DECIDE TO REQUEST A LOCAL DISPUTE RESOLUTION CONFERENCE, WE ENCOURAGE YOU TO TALK WITH YOUR COUNTY CHILD CARE WORKER FIRST, AND THEN THE WORKER'S SUPERVISOR. OFTEN YOUR QUESTIONS AND CONCERNS CAN BE SETTLED BY TALKING TO COUNTY STAFF WHO ARE RESPONSIBLE FOR MAKING THE CHANGE IN YOUR CHILD CARE SUBSIDIES.

IF YOU REQUEST A STATE LEVEL FAIR HEARING SEND OR DELIVER YOUR REQUEST TO:

1. DIVISION OF ADMINISTRATIVE HEARINGS, CHANCERY BUILDING, 1120 LINCOLN STREET, SUITE 1400, DENVER, COLORADO 80203
2. IN THE LETTER YOU NEED TO SAY THAT YOU WANT TO APPEAL THE COUNTY'S ACTION AND WHY YOU WANT TO APPEAL THAT ACTION. IF YOU NEED HELP DOING THIS YOU CAN ASK ANYONE YOU WANT TO HELP YOU, OR TALK TO A LEGAL AID OFFICE, OR ASK YOUR CHILD CARE WORKER TO HELP YOU.
3. WHEN YOUR LETTER IS RECEIVED, YOU WILL GET A LETTER FROM THE DIVISION OF ADMINISTRATIVE HEARINGS EXPLAINING WHAT WILL BE DONE AND THE DATE FOR THE APPEAL HEARING. IT WILL ALSO EXPLAIN WHO CAN COME WITH YOU, WHO CAN PRESENT TESTIMONY AND OTHER INFORMATION ABOUT THE HEARING. THROUGHOUT THE APPEAL PROCESS, YOU HAVE THE RIGHT TO BE REPRESENTED OR ASSISTED BY LEGAL COUNSEL, A RELATIVE, A FRIEND OR A SPOKESPERSON OF YOUR CHOOSING.

DISCRIMINATION

IF YOU BELIEVE THAT YOU HAVE BEEN DISCRIMINATED AGAINST BECAUSE OF YOUR COLOR, SEX, AGE, RELIGION, POLITICAL BELIEFS, NATIONAL ORIGIN, OR HANDICAP YOU HAVE A RIGHT TO FILE A COMPLAINT WITH:

SECRETARY OF HEALTH & HUMAN SERVICES
370 L'ENFANT PROMENADE, S.W.
WASHINGTON, DC 20447

(REV 6/00)