



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
APPLICATION FOR STATE HEARING

1. CATEGORY BEING APPEALED			
<input type="checkbox"/> BCCT	<input type="checkbox"/> EA	<input type="checkbox"/> MA	<input type="checkbox"/> MA-VEN
<input type="checkbox"/> BP	<input type="checkbox"/> EMCIA	<input type="checkbox"/> MACC	<input type="checkbox"/> MAWD
<input type="checkbox"/> CC	<input type="checkbox"/> FS	<input type="checkbox"/> MADC	<input type="checkbox"/> MC+
<input type="checkbox"/> CCP	<input type="checkbox"/> GR	<input type="checkbox"/> MAF	<input type="checkbox"/> MPW
<input type="checkbox"/> PE	<input type="checkbox"/> SNC	<input type="checkbox"/> SUPP AB	<input type="checkbox"/> TEMP ASSIST
<input type="checkbox"/> QDWI	<input type="checkbox"/> SP	<input type="checkbox"/> SSI	<input type="checkbox"/>
<input type="checkbox"/> QMB	<input type="checkbox"/> SSI-SP	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> SLMB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. DWD <input type="checkbox"/> YES <input type="checkbox"/> NO		3. SANCTIONED INDIVIDUAL	
4. SSN		6. TELEPHONE NUMBER	
5. NAME			
7. MAILING ADDRESS (STREET, RURAL ROUTE, OR PO BOX, CITY, STATE, ZIP CODE)			
STATE OF MISSOURI, I hereby make application for a hearing provided by state law or department regulations.			
8. STATE PLAINLY THE REASON FOR THE HEARING REQUEST			
9. FOOD STAMP AND INCOME MAINTENANCE (IM) (CASH/HEALTHCARE) RECIPIENTS:			
If you are still certified for food stamps or are receiving Income Maintenance (cash/healthcare), you may choose to continue receiving benefits while your hearing is pending. If the hearing decision shows that the plan to reduce your benefits or close your case was correct, you or your household will be responsible for repaying the amount of benefits you received and were not entitled to receive while your hearing was pending. If you elect to discontinue receiving benefits while your hearing is pending and the hearing decision is ruled in your favor, these lost benefits will be restored to you.			
If you are requesting a food stamp hearing, check one of these boxes:		If you are requesting a Temporary Assistance and/or Medical Assistance hearing, check one of these boxes:	
<input type="checkbox"/> I wish to continue receiving food stamps while my hearing is pending.		<input type="checkbox"/> I wish to continue receiving Temporary Assistance and/or Medical Assistance while my hearing is pending.	
<input type="checkbox"/> I do not wish to continue receiving food stamps while my hearing is pending.		<input type="checkbox"/> I do not wish to continue receiving Temporary Assistance and/or Medical Assistance while my hearing is pending.	
10. CLAIMANT'S REPRESENTATIVE: NAME			11. TELEPHONE NO.
12. ADDRESS			
13. CLAIMANT'S SIGNATURE			14. DATE
15. CASE DCN	16. SUPERCASE NUMBER		17. COUNTY
18. CLAIMANT IS APPEALING (CHECK ONE) <input type="checkbox"/> REJECTION <input type="checkbox"/> AMOUNT GRANT/ISSUANCE <input type="checkbox"/> CLOSING <input type="checkbox"/> DELAY <input type="checkbox"/> OTHER			19. DATE OF NOTICE OR DECISION APPEALED FROM
20. REASON FOR PLANNED ACTION OR DECISION BY AGENCY			
21. DATE HEARING REQUESTED	22. DATE FOOD STAMP HEARING REQUEST FAXED TO HEARINGS UNIT	23. FOLLOW-UP DOCUMENTS FOR HEARINGS UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO	24. DATE FOLLOW-UP DOCUMENTS MAILED TO HEARINGS UNIT
25. SIGNATURE OF CASEWORKER		26. SIGNATURE OF SUPERVISOR	
27. IM-87 RECEIVED BY		28. DATE IM-87 RECEIVED	