

GOVERNMENT OF THE DISTRICT OF COLUMBIA

**Child and Family Services Agency
Office of Fair Hearings and Appeals**



Referral ID#(s):

FAIR HEARING REQUEST FORM

Name of Person Requesting a Hearing (Appellant)				Date of Birth			
Email Address				Daytime Telephone			
Address (including quadrant if in DC)		Unit #	City		State	Zip	
Select the topic for your hearing request:							
<input type="checkbox"/> Adoption Subsidy		<input type="checkbox"/> Guardianship Subsidy		<input type="checkbox"/> Grandparent Subsidy		<input type="checkbox"/> Service Appeal	
<input type="checkbox"/> Foster Parent License		<input type="checkbox"/> Child Placement Change		<input type="checkbox"/> Child Protection Register			
Briefly explain why CFSA's action or decision is incorrect and its impact on you (you may attach supporting documents): <i>If left blank, re-submission of this form with additional information may be required before processing.</i>							
Is an interpreter required?		<input type="checkbox"/> No	<input type="checkbox"/> ASL	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other:		
Authorization. I authorize the following person to represent me, the appellant, in this matter:							
Full Name							
Email Address			Daytime Phone				
Address (including quadrant if in DC)		Unit #	City		State	Zip	
Availability. Please indicate any days/times you are not available below: (Note: if the hearing is granted, it will be scheduled within 45 days after receipt of your request)							
Appellant Signature					Date		
Distribution: Office of Fair Hearings & Appeals; Appellant; Attorney or Representative of Appellant if applicable; Program Administrator; Office of General Counsel							

(Attach a copy of the Notice of Action or Notice of Intended Action)

Rev 2/18

REASONS FOR REQUESTING A FAIR HEARING

The Agency provides an opportunity for a fair hearing as a mechanism for review of certain CFSA decisions. The Agency's decisions for which a fair hearing may be requested are as follows:

- a) An applicant for, or recipient of, an adoption subsidy under D.C. Code § 3-115, who appeals from a decision by CFSA to deny, reduce or terminate the subsidy;
- b) An applicant for, or recipient of, a permanent guardianship subsidy under D.C. Official Code § 4-302 who appeals from a decision by CFSA to deny, reduce or terminate the subsidy;
- c) An applicant for, or recipient of, a grandparent caregiver subsidy under D.C. Official Code § 4-251 who appeals from a decision by CFSA to deny, reduce or terminate the subsidy;
- d) A person identified in the Child Protection Register who appeals a finding by CFSA of abuse or neglect (Except in court cases involved in a fact-finding hearing or criminal trial);
- e) An applicant for a foster home license or a licensed foster parent who appeals from a decision to deny, modify, suspend, convert, revoke or take another action concerning the application or license;
- f) A birth parent/legal guardian with an open case with CFSA or a resource parent or GAL who appeals a service decision; and
- g) A foster parent who appeals a decision to have a foster child removed from his or her home.

YOUR APPEAL RIGHTS

1. You have the right to an informal meeting known as a Program Administrator's Review (PAR).
2. You have the right to a fair hearing.
3. You may be represented by legal counsel or by an individual who is not a lawyer, at your own expense or you may represent yourself. Your representative may not be a District of Columbia Government or CFSA employee (or an employee of CFSA contract agencies).
4. You have the right to be present in all proceedings to present written and oral evidence.
5. You have the right to confront and cross-examine witnesses.
6. You, or your authorized representatives, have the right to access and examine non-confidential records prior to any meeting or hearing.
7. You have the right to an interpreter.

INSTRUCTIONS

You may request a fair hearing by doing the following:

1. A written request for a fair hearing must be received within thirty (30) days of the date the notice of action or intended action was sent to you, or within seven (7) days for an expedited preliminary hearing request. If you are eligible for a fair hearing, one will be scheduled within forty-five (45) working days.
2. The written request for a fair hearing must include the date and a clear, brief statement of the grievance, with factual support if appropriate, and an explanation of why the proposed decision by CFSA is incorrect. If not included, CFSA may refuse to consider the request or require re-submission of the statement before it will consider the request.
3. The written request may be emailed to cfsa.fairhearings@cfsa.dc.gov or mailed or hand delivered to the Office of Fair Hearings & Appeals, 200 I Street, SE, Washington, DC 20003. You may also fax the form to 202-727-5750. Please call 202-724-7100 to confirm receipt of fax.