

## FAIR HEARING INFORMATION

**REQUEST FOR A HEARING:** You have a right to request a fair hearing on this action within 90 days.

**HOW TO REQUEST A HEARING:** If you wish to request a hearing, you may telephone, write, come to the county welfare agency, or mail the form below. The agency is located at:

**HUDSON-HCDFSD**  
257 CORNELISON AVE  
JERSEY CITY, NJ 07302  
Telephone: (201) 420-3000

Fax: (201) 395-4636

**CONTINUED, UNREDUCED ASSISTANCE:** If you want NJ SNAP benefits to continue, unchanged before the hearing you have 15 days from the date of mailing of this letter to request a fair hearing. If you request a hearing within 15 days of the mailing date of the agency's adverse action notice, your NJ SNAP benefit will not be terminated. However, any un-reduced benefits will have to be repaid if the final hearing decision supports the county welfare agency determination. NJ SNAP benefits will not be changed at the end of the certification period, and will not be continued past the certification period. You may elect not to receive continued assistance. You should be aware that your continued benefits may be affected if you seek an adjournment of your hearing without good cause.

**YOUR RIGHTS:** Concerning the hearing, you will have a right to:

- Request a language interpreter.
- Present your own case or have a friend, relative, or attorney make the presentation.
- Submit any evidence and/or bring any witnesses that bear on your case.
- Question or challenge any witness or evidence presented by the county agency.
- Examine records or case file, including the application form. You may also examine the case records in advance, (except for confidential records that are protected from release and which may not be introduced by the agency as evidence.)
- Review a complete and up-to-date copy of the NJ SNAP manual.

**LEGAL SERVICES:** Legal services are private, non-profit organizations that are not connected in any way with any local or county welfare agency or any other government agencies and they provide free legal services to eligible people in most civil matters. The address and phone number of free legal counsel in your area is listed on the first page of this notice.

**MORE INFORMATION:** If you would like more information on the fair hearing process, you may contact your county welfare agency worker or call the state toll-free hotline number 800-792-9773.

### USDA NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

### **REQUEST FOR A FAIR HEARING**

- I want a fair hearing because: \_\_\_\_\_.
- I wish to continue receiving all benefits until a hearing is held (if applicable).
- I do not wish to continue receiving benefits until a hearing is held.
- I need a language interpreter. I speak \_\_\_\_\_
- I am hearing impaired and need a sign language interpreter.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)



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