



# ADMINISTRATIVE APPEAL AND HEARING REQUEST

State Form 53932 (R /2-12) / H&A 1001

**\*\*\*\*\*THIS FORM MAY BE USED TO FILE A WRITTEN ADMINISTRATIVE APPEAL.\*\*\*\*\*  
FOOD STAMP APPEALS MAY BE ALSO FILED VERBALLY BY CALLING  
1-800-403-0864.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship: \_\_\_\_\_

*(self, spouse, representative, relative)*

Signature: \_\_\_\_\_ Date (month, day, year): \_\_\_\_\_

Did you receive a written notice about the denial, termination or change of your benefits?  YES  NO

Mailing date of the notice (if known) \_\_\_\_\_ Case number shown on the notice: \_ \_\_\_\_\_

List of names of persons you are appealing for, including yourself:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What benefits are you appealing?

Benefit was:

- |   |                                 |  |                                  |
|---|---------------------------------|--|----------------------------------|
| <input type="checkbox"/> TANF                       | <input type="checkbox"/> Denied | <input type="checkbox"/> Terminated / Closed | <input type="checkbox"/> Changed |
| <input type="checkbox"/> Medicaid                   | <input type="checkbox"/> Denied | <input type="checkbox"/> Terminated / Closed | <input type="checkbox"/> Changed |
| <input type="checkbox"/> HIP (Healthy Indiana Plan) | <input type="checkbox"/> Denied | <input type="checkbox"/> Terminated / Closed | <input type="checkbox"/> Changed |
| <input type="checkbox"/> Food Stamp                 | <input type="checkbox"/> Denied | <input type="checkbox"/> Terminated / Closed | <input type="checkbox"/> Changed |
| <input type="checkbox"/> Child Care (CCDF)          | <input type="checkbox"/> Denied | <input type="checkbox"/> Terminated / Closed | <input type="checkbox"/> Changed |
| <input type="checkbox"/> Other - Explain            | <input type="checkbox"/> Denied | <input type="checkbox"/> Terminated / Closed | <input type="checkbox"/> Changed |

Mail or fax your request to the location listed below or you may deliver your request in person at the local Division of Family Resources office. If possible, please attach a copy of the notice you are appealing.

Mail or fax to: FSSA Document Center  
PO Box 1810  
Marion, Indiana 46952  
Fax: 1-800-403-0864

