

Request for Informal Hearing

Las versiones en español de este documento están disponibles previa solicitud, enviando un correo electrónico a phhearingrequests@homesa.org.

Head Of Household / Applicant Information

Name (print)		Date
Last Four of SSN	Home Phone	
Current Address		
City	State	Zip Code

Reason for Request

- I hereby request an informal hearing/review because I disagree with Opportunity Home San Antonio's decision regarding the determination to terminate or deny my family's assistance.
- An interpreter is needed for my language: _____

Please use the Statement Form below to provide additional information.

- I am submitting a Request for Reasonable Accommodation as I believe my disability is a contributing factor in the termination/denial. (Please attach a completed Request for Reasonable Accommodation form.
- If this box is selected, a completed Request for Reasonable Accommodation **must** be attached.

By signing below, I certify that the information above is true and complete. I understand that I must submit any evidence to Opportunity Home at least one day before my scheduled hearing/review date. I also understand that I may request to review and/or make copies of documents in my Opportunity Home file, Monday through Thursday, from 9 a.m. to 11 a.m., up to one business day before my scheduled hearing date.

Signature

Date

*****Opportunity Home will notify you of the outcome of this request within 15 business days of submission*****

For Staff Use Only

The individual requesting is a: Participant Applicant

The individual is requesting:

<input type="checkbox"/> Hearing	<input type="checkbox"/> Warning letter in lieu of hearing/review:
<input type="checkbox"/> Review	<input type="checkbox"/> No Utilities
<input type="checkbox"/> Approve	<input type="checkbox"/> Failed to Attend Recertification Appointment
<input type="checkbox"/> Hearing/Review	<input type="checkbox"/> Annual Recertification Packet Received and Forwarded to Operations
<input type="checkbox"/> Deny Hearing/Review	<input type="checkbox"/> RA Mitigating Circumstances Request From Mailed on Date: _____
<input type="checkbox"/> Granted for Good Cause	<input type="checkbox"/> Granted RA Mitigating Circumstances Request
<input type="checkbox"/> Rescind	<input type="checkbox"/> Reschedule Hearing/Review for Date: _____ Time: _____
<input type="checkbox"/> Cancel Hearing/Review	

