

**Notice of Decision - FITAP Benefits Extension**

CID: \_\_\_\_\_

Date: \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_

Caseload#: \_\_\_\_\_

Parish: \_\_\_\_\_

**SECTION I - FITAP CASH ASSISTANCE**

Dear: \_\_\_\_\_ :

When a family includes a parent who has received FITAP benefits for 24 months in a 60-month period, or when a family includes a parent or other caretaker relative (or their spouses) who has received FITAP benefits for a total of 60 months, the entire family becomes ineligible for FITAP benefits, unless the family receives an extension. Months of FITAP receipt prior to January 1997 do not count toward the time limit.

After careful review of your circumstances, the following decision has been made regarding your application for an extension of your FTIAP benefits:

An extension of your FITAP benefits was not approved. Your FITAP benefits will end effective \_\_\_\_\_ .

An extension of your FITAP benefits was approved for the period of \_\_\_\_\_ through \_\_\_\_\_. After this time period, your FITAP benefits will end unless your family receives another extension.

**Comments:**

Applicable Policy: B-1700

Sincerely,

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Phone No.

## FAIR HEARING EXPLANATION

If you think the change is unfair, you or a person you want to represent you may discuss it with a supervisor in this office and/or request a fair hearing. If you have not requested a fair hearing by 4:30 p.m. on \_\_\_\_\_, the change will be made. If you do not understand this decision, contact the local DCFS office. If you want to request a fair hearing, complete Section II below, sign it, and mail it to or contact the local DCFS office. You can request a fair hearing within 30 days of the date of this notice. The form will be returned to you.

If you request a fair hearing by the above date, you will continue to receive benefits at the current level unless you indicate you do not want to do so by checking the blocks below. You can represent yourself at the hearing or authorize someone else, such as legal counsel, relative, friend, or other spokesman to represent you. For free legal advice call \_\_\_\_\_.

At the hearing the Administrative Law Judge will establish the principal issue. If the sole issue involves only disagreement with State or Federal laws of the agency's policy, the proposed action will be taken immediately. A final decision will be rendered later after a careful study is made of the evidence presented. If the final decision is in your favor, retroactive payments will be made, if appropriate.

### **SECTION II: - COMPLETE AND SIGN ONLY IF YOU WISH TO REQUEST A FAIR HEARING**

Complete this section and sign below if you wish to appeal the decision on your FITAP case.

- Check the box if you request a hearing within 13 days and want your FITAP benefits continued at the present level. If the decision of the local office is upheld, all ineligible assistance will be subject to repayment.
- Check the box if you request a hearing within 13 days but do not want your FITAP benefits continued at the present level.

Use this space to tell us why you want a fair hearing. The reason:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date