

# OSAH FORM 1

This form is available online at <http://www.osah.ga.gov/> or by telephone request at (404) 657-2800.

<b>OSAH USE ONLY DOCKET NUMBER:</b>	<b>AGENCY DFCS</b>	<b>CASE TYPE</b>	<b>DOCKET NUMBER</b>	<b>COUNTY</b>	<b>JUDGE</b>
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## GEORGIA DEPARTMENT OF HUMAN SERVICES - (DFCS)

<b>APPLICANT/RECIPIENT</b> County of Residence:	Date Request for Hearing Filed with Agency:	Agency Case Number:
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**Check Here if an Application Was Denied:**

**FOR FOOD STAMP CASES, CHECK HERE IF APPLICANT/RECIPIENT REQUIRES NOTICE OF HEARING IN SPANISH:**

### Check ALL Appeals That Apply:

<input type="checkbox"/> CAPS	<input type="checkbox"/> FCDP	<input type="checkbox"/> FOSTPLACE	<input type="checkbox"/> FSP	<input type="checkbox"/> SAA	<input type="checkbox"/> TANF	<input type="checkbox"/> TIFS
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**AND**

### Check Only One in This Box:

<input type="checkbox"/> Case Closure	<input type="checkbox"/> Reduction of Benefits	<input type="checkbox"/> Disputed Determination of Benefits
<input type="checkbox"/> Failure to Act Within Reasonable Time for Benefit Change	<input type="checkbox"/> Denial of Expedited Services	<input type="checkbox"/> Other:
<input type="checkbox"/> Agency Inaction		

### APPLICANT/RECIPIENT

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE		EMAIL
ATTORNEY NAME (IF APPLICABLE)	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL
PERSONAL REPRESENTATIVE NAME (IF APPLICABLE)	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	RELATIONSHIP TO CLAIMANT	EMAIL

### LOCAL DFCS OFFICE

NAME OF OFFICE	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	CASEWORKER'S FULL NAME	SUPERVISOR'S FULL NAME
	CASEWORKER DIRECT TEL #	SUPERVISOR'S DIRECT TEL #
	EMAIL	EMAIL
DFCS REGIONAL HEARING COORDINATOR	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	CELL	EMAIL