

BUREAU OF HEARINGS & APPEALS

AGENCY APPEAL COVER SHEET

PART I – CASE RECORD INFORMATION - BHA USE ONLY

ACCESS ID # BHA Use Only

County #	Welfare Case Record Number or Pseudo Number	Appeal No.
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PART II – AGENCY INFORMATION - TO BE COMPLETED BY THE AGENCY

Agency					
Agency Contact Person Name	Last	First	MI		
Agency Contact Person Title					
Agency Address					
City	State	Zip Code			
Agency Contact Telephone No.	()	-			

PART III – APPELLANT INFORMATION - TO BE COMPLETED BY THE AGENCY

Appellant Name	Last	First	MI		
Sex	Facility (if applicable)				
Address					
City	State	Zip Code			
Appellant Telephone No.	()	-			

PART IV – APPELLANT’S REPRESENTATIVE (SURROGATE) INFORMATION - TO BE COMPLETED BY THE AGENCY

Representative’s (Surrogate’s) Name	Last	First	MI		
Representative’s (Surrogate’s) Agency (if applicable)					
Representative’s (Surrogate’s) Address					
City	State	Zip Code			
Representative’s (Surrogate’s) Telephone No.	()	-	Relationship to Appellant		
2nd Representative’s (Surrogate’s) Name	Last	First	MI		
2nd Representative’s (Surrogate’s) Agency (if applicable)					
2nd Representative’s (Surrogate’s) Address					
City	State	Zip Code			
2 nd Representative’s (Surrogate’s) Telephone No.	()	-	Relationship to Appellant		

PART V – APPEAL INFORMATION - TO BE COMPLETED BY THE AGENCY

	Issue	Category	Continue Benefits?	Adverse Action Notice (form #, letter etc)	Adverse Action Notice Date
#1					
#2					
#3					
Date Filed	Interim Relief Date	Hearing Type (T, F or N)	IR Case? (Y or N) N		
Special Scheduling Requests or Accommodations					
Comments					

PART VI - LIMITED ENGLISH PROFICIENCY (LEP) ASSESSMENT – TO BE COMPLETED BY THE AGENCY (required)

Language Code	Language	Name of Agency Staff Making Assessment			
Translated documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Interpreter needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone No. of Above Staff	() -

PART VII – BHA USE ONLY

Administrative Law Judge	Hearing Date	Hearing Time	Hearing Length	Perfected by (initials)	Date
CC:					

