

Kansas Office of Administrative Hearings

Food Assistance - Administrative Hearing Request

Complete this form ONLY if you want to request an administrative hearing of a decision made on a food assistance benefit (food stamps) case or application.

You may submit this form online by filling it out completely and clicking on the "Submit" button at the end of the form.

Today's Date*

Information about Individual Requesting

First Name*

Last Name*

Mailing Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Phone Number

Fax Number

Email Address

Representative / Attorney

Name address, and telephone number of your Representative or Attorney, if you have one. Attorney representation Is NOT REQUIRED. We will send information on your case to your representative or attorney if you complete this section.

First Name

Last Name

Mailing Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Phone Number

Fax Number

Email Address

Information about Notice or Action appealing

Date of the Notice
you are appealing*

Worker / Employee /
Agent

Agency Office*

Type of Program*

Reason(s) for your request. I am requesting consideration of this matter BECAUSE:*

You may be able to continue receiving the amount of food assistance benefits you are currently receiving while this matter is being considered. **NOTE: If the hearing results show the action was correct, you may owe the value of the extra food assistance benefits you received while waiting for the decision.**

Do you want to continue receiving food assistance benefits?	Yes	No
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Name of Person Completing this Form

First Name*

Last Name*

Your relationship to the
individual*

Signature*

Type your name

* Indicates a required field