



**NOTICE AND CERTIFICATE OF ACTION  
TANF**

State Form 1859 (R17 / 3-11) / FI 0619C

**NOTICE TO APPLICANT** See the back of this form for important information about your responsibilities and rights.

Case number
Mail date of notice

Last name		
First and middle name		
Street Address		
City	State	ZIP code

MO.	LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH	SOCIAL SECURITY NO.
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**Effective** \_\_\_\_\_ **the following action is being taken by the Family and Social Services Administration (FSSA).**

Your application for TANF is denied.

Your application is approved for a benefit of \$ \_\_\_\_\_ for the above-named persons.

Your benefit is being changed from \$ \_\_\_\_\_ to \$ \_\_\_\_\_.

Your benefit of \$ \_\_\_\_\_ is being discontinued.

Your public assistance is being continued.

Other (*specify*): \_\_\_\_\_

Narrative reason(s) for the action; law(s) or regulation(s) supporting and adverse action:



## NOTICE AND CERTIFICATE OF ACTION TANF

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### YOUR RESPONSIBILITIES AND APPEAL RIGHTS AS A RECIPIENT OF TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)

#### I. YOUR RESPONSIBILITIES AS A TANF RECIPIENT (470 IAC 10)

You are responsible for reporting to the County Office of the Division of Family Resources any change in your circumstances which may affect your eligibility for TANF *within 10 days of the date on which the change occurs*. The changes which you should report include, but are not limited to, the following

- You receive money from a job, relatives, Social Security, the absent parent(s) of your children, or any other source.
- Your income from any source increases, decreases, or stops.
- You or a member of your family begins or stops work or training.
- Your spouse, the step-parent of your child(ren) who is receiving TANF, receives money from a job or another source or your spouse's income from any source increases, decreases, or stops.
- You move to another address or there is a change in the amount of rent or utilities where you live.
- Someone moves into or out of your home, including your child(ren).
- You obtain real estate or personal property, or you plan to sell or dispose of real estate or personal property.
- Your child(ren) 16 - 18 years old drops out of school or training.
- You no longer personally provide care to any of your child(ren) on a full time basis.
- You get married, you reunite with your spouse, or the absent parent of your child(ren) returns to the home.
- You learn of the whereabouts of a parent(s) who deserted or abandoned the child(ren) who is receiving TANF.

If you are not sure about the types of changes that are to be reported to the Division of Family Resources, you should call the County Office of the Division of Family Resources. You must keep in mind that a person who receives TANF by making false statements, by misrepresenting his/her situation, or by failing to report information will be required to make a repayment and may be criminally prosecuted under Indiana law.

#### II. YOUR RIGHT TO APPEAL AND TO HAVE A FAIR HEARING

- A. If your TANF is being reduced or discontinued, you have *10 days from the date of this notice (13 days if it was mailed to you)* in which to request an appeal so that your assistance is continued at the previous month's level. However, if the action is found to be correct, you will be required to repay assistance paid to you or in your behalf pending the release of the hearing decision.
- B. Any applicant whose application is denied or any recipient who does not appeal as provided above may appeal within 30 days of the effective date of the action taken with which he does not agree. However, your benefits will not be continued unless you appeal within the time period set forth above.

#### III. HOW TO APPEAL

If you wish to appeal, send a letter with your signature to the County Office stating that you wish to appeal. Be sure the letter contains your address and a telephone number where you can be reached. If you are unable to write this letter for yourself, contact your caseworker who will assist you in requesting this appeal. You will be notified by the Family and Social Services Administration (FSSA) of the date, time and place for the hearing. Prior to, or at the hearing, you will have the right to examine the entire contents of your case record. Upon request, you may represent yourself at the hearing or authorize a representative, such as an attorney, a relative, a friend or other spokesperson, to do so. At the hearing you will have full opportunity to bring witnesses, establish all pertinent facts and circumstances, advance any arguments without interference, and question or refute any testimony or evidence presented by the State or County.

#### IV. HOW YOUR TANF BENEFITS AFFECT YOUR FOOD STAMP ALLOTMENT

The amount of your food stamps is based on your income (*including the amount of your TANF benefits*) and your expenses. Therefore, your food stamp benefits are recalculated and are likely to change if your income (*including TANF*) or expenses change. If there is any change in the amount of your food stamp allotment, you will receive a separate notice explaining your new food stamp amount, when the new amount is effective and why the amount changed