

HEARING REQUEST

To request a hearing, complete this form and submit it to the Office of Fair Hearings at the below address:

Office of Fair Hearings
P.O. Box 202953
2401 Colonial Drive, Third Floor
Helena, MT 59620
406-444-2470
Fax: 406-444-3980
E-mail: hhsofh@mt.gov

Oral requests are allowed for SNAP. For SNAP, you may call the Montana Public Assistance Helpline at 1-888-706-1535 to request a hearing.

I disagree with DPHHS' decision and I request a hearing about my:

- ☐ Supplemental Nutrition Assistance Program (SNAP) benefits
- ☐ Temporary Assistance for Needy Families (TANF) benefits
- ☐ Health Coverage benefits

I request a hearing because: _____

(Attach a sheet of paper if more room is needed)

Signed: _____ Date: _____

Name:

Case #:

Phone Number:

Address: