

HEARING REQUEST

Instructions: To request a hearing, complete this form and submit it to the Office of Fair Hearings. You can submit it through mail, fax or email. You can also submit the Fair Hearing request to your local OPA. Make sure you keep a copy of your request for your records.

Mail:

Office of Fair Hearings
P.O. Box 202953
2401 Colonial Drive, Third Floor
Helena, MT 59620

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)

Name: _____ Date: _____

Case #:

Phone Number:

Address: