



# Shingle Springs Tribal TANF Program

## Participant Appeals Information

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### Right to Appeal

Each participant applying to or enrolled in the Shingle Springs Tribal TANF program has the right to fair and equitable treatment. In order to ensure that treatment all participants have the right to appeal any adverse decision by the SSTTP.

### Appeal of Notice of Action

SSTTP will provide a Notice of Action (NOA) for all decisions that adversely affect the provision of services or assistance. The NOA will identify the reason for the action and will include the effective date. SSTTP will mail the NOA to the current address on file ten (10) business days prior to the effective date. The NOA shall inform the individual of their right to appeal the decision. A description of the appeal process will be included with the NOA.

### Administrative Appeal Process

#### Level 1 Appeal

##### Appeal Submittal

All appeals must be in writing and be directed to the supervisor of the SSTTP staff member who issued the NOA.

##### Appeal Content

The appeal must always include the decision being appealed, the name of the SSTTP staff member who issued the NOA and the reasons for the participant's disagreement with the action. The participant must include a current mailing address.

##### Appeal Period

To be timely, the appeal request must be received by SSTTP no later than ten (10) days following the date of the NOA or the postmarked date of the letter.

##### Appeal Review

The appeal will be conducted by the immediate supervisor of the person signing the NOA, or by the Site Manager if the immediate supervisor participated in the decision resulting in the NOA. All relevant documentary evidence will be reviewed. The SSTTP staff member who made the decision will be consulted to explain the reason(s) for the decision. SSTTP may contact appellant for additional information.

##### Appeal Decision

Within 10 business days of receipt of the appeal, the supervisor or Site Manager will render a written decision. The decision notice shall include the identification of the appellant, the NOA being appealed, the basis for the NOA and the reason for the decision on the appeal. A copy of the decision shall be mailed to the Appellant along with notification that the participant has the right to petition to the TANF Director for review of the Level 1 Decision.

#### Level 2 Appeal

##### Appeal Submittal

A participant not satisfied by the Level 1 decision is entitled to a review by the TANF Director or the Director's designee (if the TANF Director did not hear the Level 1 Appeal).

The petition for review of the Level 1 decision must be in writing and postmarked within ten (10) business days from the date of the Level 1 decision. The participant must include reasons for disagreement with the decision and request a hearing. New evidence may be submitted if the basis for the decision includes reasons or facts not included in the original NOA.

### Appeal Review

The 2nd level review shall be conducted within 10 business days of receipt of the 2nd level appeal. The review of the 2nd level appeal shall be conducted by the TANF Director and shall be confined to the record. The TANF Director may hear oral arguments and receive additional written statements. In the event of oral arguments the length of these arguments shall be set prior to the hearing and an electronic recording of the administrative hearing will be made.

### Appeal Decision

The decision of the TANF Director shall be mailed to the person requesting the review within 10 business days of the hearing date or 20 business days after receipt of appeal, whichever is later.

### Level 3 Appeal

#### Appeal Submittal

Only decisions resulting in the termination of benefits or removal of an individual from the family unit may be appealed to the third level. Within 10 days of the postmarked date of the appeal decision conducted by the TANF Director a participant may appeal the decision to the SSTTP Grievance Committee.

The appeal must be confined to the existing record and the participant must include the reasons for disagreement with the action. The participant must include a current mailing address.

The SSTTP Grievance Committee may request a copy of the entire record, including an electronic copy of the Level 2 Hearing.

#### Appeal Review

The review shall be conducted by the SSTTP Grievance Committee and shall be confined to the record. The SSTTP Grievance Committee may, at their discretion, hear oral arguments and receive additional written arguments. The SSTTP Grievance Committee shall establish rules guiding the submission of briefs and the hearing of oral arguments and an electronic recording of any administrative hearings will be made. The SSTTP Grievance Committee may remand the case for further evidentiary proceedings if they believe the record is incomplete.

#### Appeal Decision

The SSTTP Grievance Committee shall review the information and make a final determination within 30 business days of receipt of the appeal or within 20 business days of the hearing, whichever is later. The SSTTP Grievance Committee decision shall be final. No other appeals are available once this decision is reached. The decision of the SSTTP Grievance Committee shall be mailed to the participant requesting review.

### Enforcement Pending Review

The filing of an appeal will ordinarily suspend the adverse action until the appeal is resolved. However, suspension will not apply when the action adversely affects the program finances or potentially subjects the program or its staff to penalties, or when the adverse action is based on substantial evidence of fraud or duplicative benefits being received from another TANF Program. If an adverse decision is suspended and the decision is upheld on appeal, an overpayment may be created. If the final decision is against the appellant there will be an adjustment in benefits to collect this overpayment. If an adverse decision is not suspended and the applicant prevails on final appeal, they shall retroactively receive all benefits to which they were entitled.

I have read and understand these participant's rights and responsibilities.

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Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Name (Print)

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Family Advocate Signature