

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (**LIHEAP**)

Appeal Form

PART A: I WANT TO APPEAL FOR THE FOLLOWING REASON:

- 1. I have received a notice from New England Farm Workers' Council (NEFWC) that I am ineligible for Fuel Assistance benefits. (This Appeal Form must be submitted to NEFWC within twenty (20) working days of receipt of this Appeal Form.)
- 2. I have received notice from NEFWC that I am eligible for fuel assistance benefits, but I disagree with the AMOUNT of benefits. (This appeal Form must be submitted to NEFWC within twenty (20) working days of receipt of this Appeal Form.)
- 3. My household has had a change in income or size AFTER NEFWC notified me that I was ineligible or eligible (including amount of benefits) for fuel assistance benefits, and I want the NEFWC to review its previous determination based on this change. (This Appeal Form must be submitted to NEFWC no later than Friday, June 25, 2010).
- 4. I have not received a determination from NEFWC on my application for fuel assistance benefits after forty (40) days from the date of my application. (This Appeal Form must be submitted to NEFWC no later than Friday, June 25, 2010).

ADDITIONAL COMMENTS: _____

PART B: CHECK ONLY ONE BOX BELOW:

- 1. I request that NEFWC review my file (including any additional information or documentation which I now want to submit in support of my appeal). I understand that NEFWC may also request me to submit additional information or documentation.

If you want to submit any new or additional information or documentation in support of your appeal, you should submit that new information or documentation by mail or in person to NEFWC with this appeal form. Please list any information or documents being submitted. (use additional sheet(s) of paper if necessary): _____

I further understand that NEFWC will send me a written decision within twenty (20) working days of receipt by NEFWC of this Appeal Form or receipt of any information or documentation requested by NEFWC. NEFWC may schedule an informal hearing if NEFWC deems it is necessary.

OR

- 2. I request that NEFWC schedule an informal face-to-face hearing for me to present my appeal. I understand that this hearing will be tape-recorded and conducted by a hearing officer selected by the NEFWC. I also understand that I will be receiving a Notice of Hearing from the NEFWC notifying me of the time and place of the hearing and the rules for the hearing. NEFWC will send me a written decision by the hearing officer within ten (10) working days after the hearing.

I agree to provide all information and documentation as required to verify my eligibility for Fuel Assistance benefits.

Applicant/Client Signature

Date

Application Number

This form must be returned to NEFWC at above address.