



Oral Request for Fair Hearing

[Community-based care (CBC) or Department staff must use this form to document oral requests for fair hearings from young adults. A request for a fair hearing may be oral or written, although the young adult is encouraged to submit it in writing. Within one (1) business day of receipt of an oral request, CBC staff shall forward the form and a copy of the original notice of adverse action to the legal representative for the Department and the Department's Office of Appeal Hearings.]

**Florida Department of Children and Families
(Please check the applicable program.)**

- Extended Foster Care**
- Postsecondary Education Services and Support ("PESS")**
- Aftercare Services**

This oral request for fair hearing is documented by:

_____ Date _____
Name (Case Manager/Designated Staff)

_____ City _____ State _____ Zip Code _____
Address

_____ Email _____
Phone

A hearing has been requested by:

_____ Date of Birth _____
Name

_____ City _____ State _____ Zip Code _____
Address

_____ Email _____
Phone

Date of Request

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[Insert name of community-based care agency]

has decided to take the following action regarding the individual's eligibility for or receipt of one of the above-listed services for young adults formerly in foster care:

The individual has stated that he/she is not satisfied with this action and is requesting a hearing for the following reasons:

This hearing request must be faxed or e-mailed within one (1) business day to the following addresses. For individuals who do not have a fax number or e-mail address, this hearing request shall be sent by certified mail. A copy of the notice to which this request pertains should accompany this request for hearing.

1. Department of Children and Families
Office of Appeal Hearings
1317 Winewood Boulevard
Tallahassee, FL 32399-0700
Fax: (850) 487-0662
E-mail Address: Appeal.Hearings@myflfamilies.com

2. Young Adult:
Name: _____
Address: _____
City, State, Zip Code: _____
Telephone number/E-mail: _____

3. Young Adult's Authorized Representative (if applicable):
Name: _____
Address: _____
City, State, Zip Code: _____
Telephone number/E-mail: _____

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4. Department of Children and Families' Regional Legal Counsel

Name: _____

Address: _____

City, State, Zip Code: _____

Fax: _____

Telephone number/E-mail: _____

5. Department of Children and Families' Legal Representative

Name: _____

Address: _____

City, State, Zip Code: _____

Fax: _____

Telephone number/E-mail: _____