



ORAL REQUEST FOR FAIR HEARING

[Community-based care or Department staff must use this form to document oral requests for fair hearings from young adults in accordance with 45 CFR 1355.30. 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 & FAMILIES Extended Foster Care, Postsecondary Education Services and Support (“PESS”) or Aftercare Services Hearing Request

This oral request for fair hearing is documented by:

Name (Case Manager/Designated Staff)		Date	
Address	City	State	Zip Code
Phone	Email		

A hearing has been requested by:

Name		Date of Birth	
Address	City	State	Zip Code
Phone	Email		
Date of Request			

[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@dcf.state.fl.us

2. Young Adult's 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: _____

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: _____
Telephone number/E-mail: _____
Fax: _____