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:

_____ _____
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

Oral Request for Fair Hearing

*[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: _____