[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:

<table>
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<tr>
<th>Name (Case Manager/Designated Staff)</th>
<th>Date</th>
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A hearing has been requested by:

<table>
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<th>Name</th>
<th>Date of Birth</th>
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Date of Request

_____________________________________________________________________

CF-FSP 5381. August 2014
65C-41.006; 65C-42.004
Page 1 of 3
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: ___________________________________________________
Oral Request for Fair Hearing

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: _______________________________________________________

CF-FSP 5381, August 2014