



Tennessee Department of Human Services
Consolidated Appeal Request

Use this form only if you want to file an appeal (this is a request for a hearing). Your local DHS office may help you fill out this form. You may file this form with Clerk's Office, whose contact information is on the back of this form.

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Appellant First Name	Appellant Last Name	Telephone Number(s)
Street Address	City, State & Zip Code	Email Address
		- -
Mailing Address (if different than above)	City, State & Zip Code	Social Security Number

Will you need an interpreter in the hearing? Yes No what language? _____

Do you need documents to be translated? Yes No what language? _____

Which program(s) are you appealing? SNAP (Food Stamps) Families First Child Support

Vocational Rehabilitation Summer Food Program Child and Adult Care Food Program

Child Care (Families First) Smart Steps Child Care Other Program: _____

Will someone else represent or assist you during the hearing? Yes No If yes, tell us who.

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First & Last Name of Representative	Representative's Firm (if applicable)	Telephone Number(s)
Street Address	City, State & Zip Code	Email Address
Mailing Address (if different than above)	City, State & Zip Code	Representative's Relation to You

Tell us why you're appealing or what happened that you disagree with. You may attach additional pages _____

For SNAP, Families First, Smart Steps Child Care and Child Support appeals, complete this section.

Do you want your hearing to be held in person or by telephone? In Person Telephone

I WANT my benefits to continue until the hearing decision is made. I understand that if the decision is not in my favor, I may have to pay back the benefits. I want the following benefits to continue:

SNAP (Food Stamps) Families First Child Care (Families First)

Smart Steps (Child Care) Other Program: _____

I DO NOT WANT my benefits continued while the hearing decision is pending.

For Child Support appeals, what is the name of the other parent? _____

Note: This form is for appealing administrative actions. It CANNOT be used to appeal action taken by a court.

For Vocational Rehabilitation appeals, in what county do you reside? _____ Do you want your benefits to continue while the appeal is pending? Yes No

For Child and Adult Care Food Program and Summer Food Program appeals, your appeal will be handled through a desk review, unless you specifically request that a hearing be held. Do you request that a hearing be held?

Yes No

Complete this part if you are helping someone else fill out this paper:

