|  |  |
| --- | --- |
|  | MISSOURI DEPARTMENT OF SOCIAL SERVICESCHILDREN’S DIVISION**APPLICATION FOR FAIR HEARING** |
| **1. Category Being Appealed** |
| [ ]  | Foster/Relative/Kinship Home License Status Denial/Revocation/Suspension |
| [ ]  | Adoptive Home Denial |
| [ ]  | Adoption Subsidy Maintenance Denial/Change |
| [ ]  | Adoption Subsidy Services Denial/Change |
| [ ]  | Legal Guardianship Subsidy Denial |
| [ ]  | Residential Child Care and/or Child Placing Agency License Denial/Revocation/Suspension |
| [ ]  | Other (explain)       |
| **2. Name** | **3. SSN** |
|       |       |
| **4. Address Street/City, State (Zip Code)** | **5. Telephone Number** |
|       |       |
| **6. Claimant’s Representative Name** | **7.Telephone Number** |
|       |       |
| **8. Address** | **9. Application Date** |
|       |       |
| **10. Claimant's Signature:** |
| **On** |       | **I** |  | **hereby make application for a hearing as provided by** |
|  | Date |  | Claimant's Signature |  |
| **state law or department regulations.**  |
| **CD ONLY** |
| **11. Case DCN** | **12. Provider DVN** | **13. County** |
|       |       |       |
| **14. Claimant Is Appealing (Check One)** |
| [ ]  License Denial | [ ] Subsidy Denial/Change |
| [ ]  License Suspension | [ ]  Adoption Home Denial |
| [ ]  License Revocation | [ ]  Guardianship |
| [ ]  License Closing | [ ]  Residential Child Care And Or Child Placing Agency Intake Suspension |
| **15. Date Of Notice Of Adverse Action:** |       |
| **16. Date Hearing Requested**  | **17. Date Hearing Request Faxed To Hearing Unit:**  |
| **18. Follow-Up Documents?** **[ ]  Yes** **[ ]  No** | **19. Date Follow-Up Documents Mailed To Hearings Unit**  |
| **20. Signature of CSW** | **21. Signature of Supervisor** |
|  |  |
| **Printed CSW Name** | **Printed Name of Supervisor** |
|       |       |
| **Telephone Number** | **Telephone Number** |
|       |       |
| **DLS HEARING UNIT ONLY** |
| **22. CD-53 Received By:** | **23. Date**  |
|       |       |