|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’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** |
|  | | | | | | | | | | | |  |