

LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

APPEAL FORM

Please note: Processing of Appeal applications will be on a first come, first served basis based on the RECEIPT DATE of the appeal form and any new documents (if applicable) and not based on the original date of application.

To process an appeal, this form must be completed, signed, and submitted to New England Farm Workers' Council (NEFWC). **New or additional information or documentation may be submitted in support of the appeal, with this appeal form, by mail or in person to NEFWC.**

PART A: I WANT TO APPEAL TO NEFWC FOR ONE OF THE FOLLOWING REASON:

- 1. I have received a notice from NEFWC that I am ineligible for fuel assistance benefits. (This Appeal Form must be received by NEFWC within 20 working days of receipt of any notice of eligibility or ineligibility.)
- 2. I have received notice from NEFWC that I am eligible for fuel assistance benefits, but I disagree with the AMOUNT of benefits. (This Appeal Form must be received by NEFWC within 20 working days of receipt of this Appeal Form.)
- 3. My household has had a change in income or size AFTER NEFWC notified me that I was ineligible or eligible (including amount of benefits) for fuel assistance benefits, and I want the NEFWC to review its previous determination based on this change. (The change of income/household status must have occurred on or before April 30, 2019. The household must submit proof of the change with this Appeal Form.)
- 4. I have not received a notification of an action (e.g., eligible, ineligible, incomplete) from NEFWC on my application for fuel assistance benefits after 45 working days have passed since the date NEFWC received my application or November 1st, whichever date is later.

ADDITIONAL COMMENTS: _____

PART B: CHECK ONLY ONE BOX BELOW:

- 1. I request that NEFWC review my file (including any additional information or documentation which I now want to submit in support of my appeal). I understand that NEFWC may also request that I submit additional information or documentation.

Please list any additional information or documentation being submitted: (Use additional sheet(s) of paper if necessary.)

I understand that NEFWC will send me a written decision within 20 working days of receipt by NEFWC of this Appeal Form or receipt of any information or documentation requested by NEFWC. NEFWC may schedule an informal, face-to-face hearing if NEFWC deems it is necessary.

OR

- 2. I request that NEFWC schedule an informal, face-to-face hearing for me to present my appeal. I understand that this hearing will be recorded and conducted by a hearing officer selected by NEFWC. I understand that I will receive a Notice of Hearing from NEFWC notifying me of the time and place of the hearing and the rules for the hearing. NEFWC will send me a written decision by the hearing officer within 10 working days of the hearing and any requested post-hearing submissions.

IMPORTANT: If you request an informal, face-to-face hearing, any new documents that you would like to be considered at the hearing should be submitted prior to NEFWC scheduling the hearing.

In no event will an Appeal Form be accepted by NEFWC after Friday, June 28, 2019.

I understand that if I do not first appeal to NEFWC, I may not appeal to DHCD. In no event will DHCD accept appeals after August 23, 2019.

I agree to provide all information and documentation as required to verify my eligibility for fuel assistance benefits.

Applicant Signature

Date

Application Number

This form and all necessary documentation must be returned within the appeal deadlines to NEFWC at above address.