IMPORTANT NOTICE ABOUT YOUR STATE ADOPTION MAINTENANCE SUBSIDY

| Name: | Case Number: |
|---|----------------------------------|
| Address: | Dublic Obildeen Consists A |
| City: | Public Children Services Agency: |
| State, Zip Code: | Mailing Date: |
| Action We Are Taking In Your Case Beginning September 1, 2009, your monthly subsidy payment will be reduced from \$ | |
| Applicable Law This action is based on the state budget bill (Section 309.10, Amended Substitute House Bill Number 1, 128 th General Assembly) and Rules 5101:2-44-03, 2-44-06, 2-44-08 of the Ohio Administrative Code. | |
| Questions? If you do not understand this notice or have questions about it, you may call: Name Telephone | |
| Your Right To A State Hearing If you believe that this change of law has been incorrectly applied to your case, you have the right to a state hearing. A state hearing lets you or your representative (lawyer, friend, relative) give your reasons for your belief. We will also attend the hearing to present our reasons for taking this action. A hearing officer from the Ohio Department of Job & Family Services will decide whether you or we are right. | |
| If you win the hearing the action may not be taken, or if it already has been taken your subsidy could be restored. If you lose your hearing, you may have to pay back any subsidy amount that you were not eligible for while the hearing was pending. | |
| If you want a state hearing, your hearing request must be received by | |
| If you need legal assistance, you can contact your local bar association. If you want information on free legal services, you can contact your local legal aid office or call the Ohio State Legal Services Association toll free at 1-800-589-5888. You can also contact the Ohio Legal Rights Service toll free at 1-800-282-9181, whose goal is "to protect and advocate the rights of mentally ill persons, mentally retarded persons, developmentally disabled persons, and other disabled persons." | |
| I want a hearing because I think the change of law has been incorrectly applied to my case: | |
| Your signature Date | Telephone E-mail |
| I also appoint this person as my authorized representative to help me with my state hearing: | |
| Name Address | Telephone E-mail |
| If you want a state hearing, you must mail this form to the following: Ohio Department of Job & Family Services Bureau of State Hearing P.O. Box 182825 | |

Columbus, OH 43218-2825

Alternatively, you can make an oral hearing request with us. $_{\mbox{\scriptsize SAMS}}$ $_{\mbox{\scriptsize 9/2009}}$