



## Request Summer Electronic Benefits Transfer (Summer EBT) Fair Hearing Process

*A parent or guardian can make a request for a fair hearing process if an online application was denied for the Summer Electronic Benefits Transfer (Summer EBT) program, a Summer EBT streamlined certification was not approved, an application was denied after the verification process or the Summer EBT money was collected back from the household. A household may not request a fair hearing through this process for any other program.*

### PARENT/LEGAL GUARDIAN INFORMATION

Are you requesting an in person hearing or a written hearing? \_\_\_\_\_

Name of the parent or legal guardian requesting the fair hearing process: \_\_\_\_\_

Address: \_\_\_\_\_

City, state and Zip code: \_\_\_\_\_

Phone number (Home): \_\_\_\_\_ Phone number (Work): \_\_\_\_\_

Phone number (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

The preferred method of contact:

By phone (please note which of the numbers above): \_\_\_\_\_

Best time during normal business hours to call: \_\_\_\_\_

By email: \_\_\_\_\_

**A bilingual or sign language interpreter is requested:** Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," specify language and mode of communication: \_\_\_\_\_

**Will the party filing this request need any accommodation for a disability during any in-person or telephone meetings related to this due process request?** Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," please list accommodations needed: \_\_\_\_\_

### STUDENT INFORMATION

Name of the student who is the subject of the Summer EBT fair hearing: \_\_\_\_\_

Student's birthdate: (Date, month and year) \_\_\_\_\_ Student's grade: \_\_\_\_\_

Address of the residence of the student. In the case of a homeless student, list available contact information.

Street address: \_\_\_\_\_

City, State and ZipCode: \_\_\_\_\_

## SCHOOL DISTRICT OR COMMUNITY SCHOOL INFORMATION

Student's attending school district: \_\_\_\_\_

City of the attending school district: \_\_\_\_\_

School building the student attends: \_\_\_\_\_

OR

Community/charter school(if applicable): \_\_\_\_\_

City of Community/charter school: \_\_\_\_\_

### Description of why you are asking for a fair hearing.

*Write a description of why you feel your child's Summer EBT benefit was wrongly denied.*

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### Description of a suggested resolution (solution) to the problem you would like to see.

*Write down what you would like to see happen.*

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## NAME AND ADDRESS OF ATTORNEY REPRESENTING PARTY FILING THIS REQUEST (if applicable)

*If you have an attorney or another person who is representing you in this request for a fair hearing, please fill out the contact information below. If this section is filled out, the Ohio Department of Education and Workforce will send all Summer EBT fair hearing information to the attorney or the person representing you and **not the parent or school**.*

Attorney name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone number: \_\_\_\_\_

### Signature of the party requesting the due process hearing

*An attorney may sign on behalf of the party he or she is representing.*

\_\_\_\_\_ Date of Signature \_\_\_\_\_

Send a copy by USPS mail to:

Ohio Department of Education and Workforce  
Office of Nutrition, Mail Stop 303  
25 South Front Street  
Columbus, OH 43215-4183

Or

E-mail a copy to:

support@ohiosunbucks.org

Please note, you are not required to use this form. Instead, you can submit your own written fair hearing process request. If you do this, your request must include this information:

1. The name and birthdate of the student.
2. The name of the student's attending school district and school.
3. In the case of a homeless student, available contact information.
4. A description of why you are asking for a Summer EBT fair hearing.
5. A description of what you would like to happen to resolve the problem.

### **For Parents: What happens after you file your request for a fair hearing for the Summer Electronic Benefits Transfer (Summer EBT)?**

You have asked for a Summer EBT fair hearing process to the Ohio Department of Education and Workforce. Now what happens?

**1. The Ohio Department of Education and Workforce will decide if the request can have a hearing.**

- The request must have been received by November 13, 90 days after the August 15 summer operation period end date.
- You cannot ask for a fair hearing for a denied application for a homeschool or virtual school student. The United States Department of Agriculture (USDA) is not allowing homeschool and virtual school student applications.
- You cannot ask for a fair hearing for a denied application submitted to a school. You must request a fair hearing from the school.
- You cannot ask for a fair hearing for a denied application if your child was approved for Summer EBT from SNAP, Ohio Works First (OWF), Medicaid or an approved free or reduced-price meal certification from a school. Your child may only receive one issuance of \$120 this summer.

**2. The impartial hearing officer is assigned.**

- The Ohio Department of Education and Workforce will assign a case number to your request for a fair hearing and a hearing officer to preside over the hearing.

**3. The fair hearing period.**

- If you asked for an in-person hearing that date will be scheduled. The Hearing will be at the Ohio Department of Education and Workforce Building, 25 S. Front Street, Columbus.
- If you asked for a written hearing, the hearing officer will ask you to send in information to show why you feel your child should have received Summer EBT. This may include pay stubs or other documents to show your income or benefits.
- You will have an opportunity to present oral or documentary evidence and arguments supporting a position without undue interference;
- If in person, you will have an opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses;
- The hearing will be conducted, and the decision made by a hearing official who did not participate in making the application decision or in any previously held conference;

- If in person, the decision of the hearing official will be based on the oral and documentary evidence presented at the hearing and made a part of the hearing record.

#### 4. The decision.

- After the hearing, the hearing officer will issue a decision in writing. The parties concerned and any designated representative will be notified in writing of the decision of the hearing official. You may not appeal the decision.
- A written record will be prepared with respect to the hearing, which must include the challenge or the decision under appeal, any documentary evidence and a summary of any oral testimony presented at the hearing, the decision of the hearing official, including the reasons therefor, and a copy of the notification to the parties concerned of the decision of the hearing official; and
- A written record of the hearing will be preserved for a period of 3 years and must be available for examination by the parties concerned or their representatives at any reasonable time and place during that period.

[Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.