

NOTICE OF AGENCY ACTION

Services funded by **STATE FUNDS**: Applicant/Recipient is entitled to an **ADMINISTRATIVE HEARING** with the Department of Human Services.

Mailing Date: _____ Agency File No.: _____
Applicant: _____
Legal Guardian (if any) _____
Address: _____

Dear _____ :

In accordance with the Utah Administrative Procedures Act (Title 63, Chapter 46b of the Utah Code) and the rules of the Utah Department of Human Services, the Division of Services for People with Disabilities (the "Division") hereby gives notice that it is taking the following action with respect to your application or the services you receive:

- Approve Deny Increase Reduce Place on Waiting List Other (*specify*)

This action is based upon the following facts:

Title 62A, Chapter 5 of the Utah Code and Rule 539-1-1 authorize this action and give the Division jurisdiction:

You have the right to appeal this decision. Under Rule R497-100-5 of the administrative hearing procedures for the Department of Human Services, you are entitled to an informal hearing if you file your request on time and if there is a disputed issue of fact. Informal hearings are governed by Sections 63-46b-3 to -5 of the Utah Code. If you need help in preparing your appeal, you may call our office at (____) _____ - _____.

You do not have to appeal if you do not want to. If you wish to appeal, however, you must send us a written hearing request (Form 490S) within 30 days of the postmark date for this notice. If you wish your services to continue during the resolution/hearing process, your hearing request must be filed within 10 days of the postmark date for this notice. If your request is not received within 15 days, you will not be eligible for continued benefits.

Sincerely,

Name	Title	cc:
Signature	Date	

Instructions for completing Form 522-I

1. Type in the date this form was mailed to the applicant/recipient.
2. Type in the agency's file number.
3. Type in the name of the applicant/recipient.
4. Type in the name of legal guardian, if any.
5. Type in the complete address for the applicant/recipient and legal guardian, if applicable.
6. Indicate (by checking a box or typing) the type of action referenced in this Notice of Agency Action Form.
7. Type in the relevant facts.
8. Cite the policy and standards covering the agency action.
9. Type in your name and title.
10. Type in the name(s) of the Person(s) to be sent copies of the Notice of Agency Action Form.
11. Sign and date the document.