OSAH FORM 1

(This form replaces DFCS Form 166)

This form is available online at http://www.ganet.org/osah/form.html or by telephone request at (404)657-2800.

OSAH USE ONLY DOCKET NUMBER	AGENCY CODE	CASE CODE	DOCKET NUMBER	COUNTY	AGENCY
	DFCS	CAPS			

Use ONLY For CHILD CARE AND PARENT SERVICES (CAPS) CASES

Check One:

- ☐ Denial of Application
- ☐ Disputed determination of Benefits
- ☐ Failure to Act Within Reasonable Time for Benefit Change
- ☐ Denial of Opportunity to Apply for Benefits
- ☐ Case Closure
- ☐ Agency Inaction
- ☐ Reduction of Benefits
- ☐ Denial of Expedited Services
- ☐ Other:

CLAIMANT'S COUNTY OF RESIDENCE: DATE NOTICE OF ADVERSE ACTION ISSUED:

REGULATION(S) APPLIED: SOCIAL SERVICES MANUAL, Chapter(s) Section(s)

Date DFCS received Claimant's request for hearing: ☐ Oral on ☐ Written on

DFCS Case Number: BENEFIT CONTINUED PENDING APPEAL: ☐ YES ☐ NO

CLAIMANT

NAME	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	DOES THE CLAIMANT UNDERSTAND ENGLISH? ☐YES ☐ NO IF NOT, SPECIFY LANGUAGE	IS CLAIMANT APPEALING OTHER PUBLIC ASSISTANCE MATTERS THAT SHOULD BE CONSOLIDATED FOR HEARING WITH THIS CASE? ☐ NO ☐YES, IF YES, PLEASE CHECK ☐ TANF ☐FS ☐ MEDICAID
ATTORNEY NAME	TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO	EMAIL
PERSONAL REPRESENTATIVE NAME (PARALEGALS MAY BE A REPRESENTATIVE)	TEL NO	FAX NO
CURRENT ADDRESS INCLUDING ZIP CODE	RELATIONSHIP TO CLAIMANT	EMAIL

LOCAL DFCS OFFICE

NAME OF OFFICE	OFFICE TEL NO	FAX NO
ADDRESS INCLUDING ZIP CODE	CASEWORKER'S NAME EMAIL	CASEWORKER'S DIRECT TELEPHONE NUMBER PAGER
INDICATE DOCUMENTS ATTACHED: ☐ Copies of Social Services Manual procedures utilized. *(Required)* ☐ Notice of action issued, a copy of summary determination or copy of contents of the notice. ☐ Budgets utilized, if applicable. *(Required)* ☐ Claimant's written hearing request, if applicable. ☐ Other: (please specify document)	SUPERVISOR'S NAME EMAIL	SUPERVISOR'S DIRECT TELEPHONE NUMBER PAGER

SERVICE OF DOCUMENTS: In addition to routine service on the agency's attorney, the agency contact person requests the following:

- ☐ No service of documents prior to certification of the file to the agency after a decision.
- ☐ Service of all documents prior to certification of the file to the agency after a decision.
- ☐ Service of a copy of the notice of hearing.
- ☐ Service of a copy of a continuance.
- ☐ Service of copy of any interim orders.

All documents will be mailed to the referring agency at the address indicated for the contact person to the contact person's attention unless written instructions provide an alternative place for service.