



REQUEST FOR FAIR HEARING FOR PANDEMIC EBT

NAME	PHONE NUMBER	CASE/W-2 WORKER (if applicable)
MAILING ADDRESS (Street, Apt. #, RFD, etc.)		
CITY	ZIP CODE	COUNTY
STATE AGENCY ADMINISTERING PROGRAM Wisconsin Department of Health Services		THIS INFORMATION IS NEEDED TO IDENTIFY YOUR CASE AND PROCESS YOUR REQUEST. INCOMPLETE OR INACCURATE INFORMATION MAY DELAY PROCESSING.

I would like to request a fair hearing regarding my Pandemic-EBT case because my P-EBT benefits were not issued to me or issued incorrectly based on the following (check one):

- Benefits Denied
 Benefits Delayed
 Benefits Ignored
 Incorrect Amount

Why are you asking for a fair hearing? (Please provide additional details about your experience.)

Signature (specify if guardian, POA, etc.) <i>If electronic, type name and add /s/ to sign.</i>	Date
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Send this completed form to the Division of Hearings and Appeals via one of the following:

1. Via **email** to DHAMail@wi.gov
2. Via **fax** to 608-264-9885
3. Via **mail** to: Division of Hearings and Appeals
PO Box 7875
Madison, WI 53707-7875

Legal Action of Wisconsin may be able to assist you with your Fair Hearing Request.

Website: www.legalaction.org
 Email: law@legalaction.org
 Phone: 414-278-7722