

County Office:

State of Arkansas
Department of
WORKFORCE*SERVICES*

NOTICE OF ACTION

Este aviso contiene datos sobre las prestaciones de usted. Si necesita la traduccion en espanol, favor llame al 1-800-482-8988.

If you need a notice in an alternate format such as Braille, Large Print, or By computer tape or disk, contact your caseworker

Case Worker:

Phone:

Telecommunications Device for the Deaf Only:

DATE OF NOTICE:

DATE OF ACTION:

DEADLINE FOR APPEAL:

PLEASE READ THE BACK OF THIS NOTICE FOR INFORMATION ABOUT WHAT TO DO IF YOU DISAGREE WITH THIS ACTION.

SECTION II: YOUR RIGHT TO A HEARING

If you disagree with the action the department plans to take, you may request and receive a hearing.

If you request a hearing by the date shown in Section I on the front page, your assistance may be continued at its present level or reinstated to its previous level pending a decision on your appeal. If assistance is continued at its present level or reinstated until a decision is reached, you may be required to repay the additional benefits if the hearing is not in your favor.

The last day you may request a hearing about an action we have taken on your TEA case is 30 days from the date of this notice.

If you wish to discuss your case with the DHS county office and DWS local office before deciding whether to file for a hearing, you should contact the person who signed this notice or the DWS local office manager.

SECTION III: HOW TO FILE FOR A HEARING

If you are not satisfied with the decision on your case, you may request a hearing by completing form DHS-1200 (Appeal for a Hearing), or by writing the Appeals and Hearings Section, P. O. Box 1437, Slot N401, Little Rock, AR 72203-1437. Form DHS-1200 can be obtained from the DHS county office or DWS local office.

SECTION IV: YOUR RIGHT TO REPRESENTATION

If you request a hearing, you have the right to appear in person and to be represented by a lawyer or other person you select. You may contact the Helpline Center for Arkansas Legal Services at 1-800-952-9243 to request legal aid (if available in your area).

Prior to the hearing, you and/or your representative have the right to review your record and any other evidence that will be presented at the hearing. You have the right to present evidence in your own behalf, to bring witnesses and to question any person who is presented as a witness against you.

SECTION V: YOUR RESPONSIBILITIES

It is your continuing responsibility to report changes in income, resources or circumstances that might affect your eligibility for TEA. Changes must be reported within 10 days. Failure to report changes within 10 days may constitute an overpayment that is subject to legal action for collection and prosecution for fraud. Collection action may involve the withholding of a specified amount from your TEA payment.

**Instructions
TEA-1
Notice of Action
Purpose**

Form TEA-1 is used for one or all of the following reasons:

- when an application is approved or denied and a manual notice must be issued.
- when requesting information needed to determine eligibility and/or benefit amount.
- when notifying participants of any action that has been or will be taken to reduce, increase, hold, or terminate benefits when a manual notice is required.

Completion

The DWS Workforce Specialist will indicate the action taken (or to be taken) by checking the appropriate box and entering the appropriate information.

The reason for the action will be clear and concisely stated in the space provided. This statement must be specific and in language that the applicant or participant will be likely to understand.

The applicable policy reference will be entered in the space provided.

The following dates will be entered in the space provided:

- Actual date on which the action will be or has been taken, usually 10 days after mailing notice.
- The last date to file an appeal will be 30 days after mailing notice date.
- The date by which the household must file an appeal if their benefits are to be continued or reinstated. This is 10 days following the date the notice was issued.

Routing

The original form will be sent to the applicant /participant. A copy will be filed in Section 6 of the case record

Retention

The TEA-1 will be retained for five years. Refer to the **Arkansas General Records Retention Schedule** for additional information.