

## CHECKLIST OF EVIDENCE YOU SHOULD BRING TO YOUR FAIR HEARING

Your Arguments	Examples of Evidence You Will Need
<p><b>Non-receipt of Mail:</b></p> <ul style="list-style-type: none"> <li>•You never got a notice to go to the appointment (at your center for eligibility determination, recertification, work requirements or for any appointment having to do with receipt of public assistance) or to bring documents.</li> </ul>	<ul style="list-style-type: none"> <li>•A letter from a neighbor saying the mail is often not properly delivered or that mailboxes are often broken into or have broken locks.</li> <li>•A completed Post Office complaint form.</li> <li>•A letter from your landlord saying he/she is aware that mailboxes get broken into, that it is a common problem, and/or that he/she have tried to fix the broken mailboxes.</li> <li>•If this is a constant problem, some evidence that you tried to have it fixed or at least gave HRA another address to send mail to.</li> <li>•Copies of previous HRA appointment letters to support your testimony that you receive numerous HRA appointment letters and always comply.</li> </ul>
<p>You had <b>Good Cause</b> because:</p> <ul style="list-style-type: none"> <li>•You or your dependent child were sick;</li> <li>•You had called your center PRIOR to the appointment to reschedule because of a conflict;</li> <li>•You were unable to get the requested documents;</li> <li>•Your worker would not accept the documents that you brought; <b>OR</b></li> <li>•You had no <b>childcare</b>.</li> </ul>	<ul style="list-style-type: none"> <li>•A letter from a doctor, clinic, or other health care provider.</li> <li>•If you called the center that day to explain your reason for not going to the appointment, the name of the person at the center with whom you spoke and/or a print-out from the telephone company of the calls you made that day showing a call to the center.</li> <li>•A copy of any document that you submitted OR tried to submit but the worker would not accept.</li> <li>•A letter from your child caregiver that she was unable to watch your children at the time of your scheduled appointment.</li> <li>•A list of all childcare agencies and individuals that you contacted while trying to obtain suitable childcare.</li> <li>•Copies of all forms that you completed or had completed and submitted to HRA regarding your attempts to get childcare and to get HRA to pay for it, including applications for TREs, school attendance forms, provider forms, etc.</li> </ul>
<p>You are <b>Exempt</b> from the work requirements because:</p> <ul style="list-style-type: none"> <li>•You are over 60, under 16, or under 19 and in school;</li> <li>•You are needed in the house to care for a sick family member;</li> <li>•You are in the last month of pregnancy; <b>OR</b></li> <li>•You have a child less than 3 months old and you have not used up your 12 months.</li> </ul>	<ul style="list-style-type: none"> <li>•Valid proof of age (birth certificate, baptism certificate, passport).</li> <li>•A letter on school stationery indicating attendance in secondary school.</li> <li>•A letter from a health care provider verifying the need for your presence in the home to care for a family member with a verifiable physical or mental impairment.</li> <li>•A letter from a doctor, clinic, or other health care provider indicating your due date.</li> <li>•A copy of your child's birth certificate.</li> </ul>
<p>You are <b>Exempt</b> from the work requirements or <b>Work-limited</b> (only able to do limited kinds of work activities) because:</p> <ul style="list-style-type: none"> <li>•You have a <b>Disability</b> which makes you unable to participate in all work activities or only able to do limited kinds of work activities.</li> </ul>	<ul style="list-style-type: none"> <li>•A letter from your own doctor explaining IN DETAIL your disability and how it affects your ability to work.</li> <li>•A letter from a health care provider, social worker, or pharmacist providing some information about your physical or mental condition, medications that you take, and any other information that shows why you are unable to work.</li> <li>•If possible, have your health care provider use the form provided.</li> </ul>
<p>You are already <b>PARTICIPATING in work activities</b> (such as WEP, workstudy or internships, approved education and/or training programs, or paid employment) and should not have to do any more hours.</p>	<ul style="list-style-type: none"> <li>•If you are a student, a letter from your school showing enrollment and hours of participation, enrollment in and hours of work-study job or internship.</li> <li>•If you are working, a letter from your employer showing your hours of work and amount earned.</li> </ul>
<p>Your <b>Earned Income</b> is not sufficient to meet your needs and/or is being budgeted incorrectly.</p>	<ul style="list-style-type: none"> <li>•Copies of all of your pay stubs and time sheets, indicating the hours that you actually worked.</li> <li>•If the money that you earned comes from a federal work/study grant or any other educational loan or grant and/or copies of the award letters, letters from your employer indicating the source of the funds.</li> </ul>
<p><b>OTHER</b></p>	