

STATE OF COLORADO



Colorado Department of Human Services

people who help people



Bill Ritter, Jr.
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Paul Stein
Director

Request for Colorado Refugee Services Program State Hearing

Please complete this form and mail it to: State Refugee Coordinator, Colorado Refugee Services Program, 789 Sherman, Suite 440, Denver, CO 80203

Name (Please Print): _____

Home Address: _____

City & zip code: _____

Home Phone: _____ Cell Phone: _____

I request a hearing before the Colorado Refugee Services Program State-level Hearing Board. At the hearing, I will appeal adverse actions(s) taken by:

- African Community Center/ECDC
- Ecumenical Refugee Services
- Jewish Family Services
- Lutheran Refugee and Asylee Programs

What happened to your CARES cash assistance?

- Terminated
- Sanctioned
- Amount Changed
- Denied
- Recovery of overpayment
- Other _____

Please attach a copy of the notice that you received from the resettlement agency.

This form must be sent to the address listed at the top of the page within 15 days of the date of your letter explaining that your CARES cash assistance is sanctioned or changed. If this form is received later than that time, no hearing can be held, and the adverse action cannot be appealed.

If my home address or phone number changes, I will immediately notify the Colorado Refugee Services Program at 303-863-8216, ext. 17 or at the address listed at the top of the form. I understand that my appeal can be dismissed if the Colorado Refugee Service Program is unaware of my current address or telephone number, or if my appeal request is not submitted in a timely manner.

Date: _____

Signature: _____