



## SUN BUCKS BENEFIT REVIEW/APPEAL FORM

A custodial parent or legal guardian can request a conference of the 2024 SUN Bucks benefit determination, if the Summer EBT streamlined certification was not approved or your SUN Bucks household application was denied, and you believe we made a mistake. You may request a conference and/or fair hearing through this form. During a conference, the household may discuss the situation, present information, and obtain an explanation of the data submitted in the application or the decision rendered. If you are not satisfied with the outcome of the conference, you have the right to request a fair hearing.

### CUSTODIAL PARENT/LEGAL GUARDIAN INFORMATION

First Name and Last Name of Custodial Parent/Legal Guardian

*\*First Name and Last Name of the custodial parent or legal guardian requesting the SUN Bucks benefit review:*

\_\_\_\_\_

### MAILING ADDRESS

Country: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Email: \_\_\_\_\_

Preferred Method of Contact (Circle ONE): Home Phone   Work Phone   Cell Phone   Email

Best Time to Contact During Normal Business Hours (Monday-Friday 8am - 5pm)

Hour/Minute: \_\_\_\_\_

Will the party filing this request need any language translation for the conference? (Circle ONE)

YES   NO

If yes, please specify the language: \_\_\_\_\_

**STUDENT INFORMATION**

Child Legal First Name and Last Name: \_\_\_\_\_

Child Birthdate: (Date, Month, and Year): \_\_\_\_\_

School name that child attended in School Year 2023-2024: \_\_\_\_\_

Street address of the school that the child attended in School Year 2023-2024: \_\_\_\_\_

**IF APPLICABLE, STUDENT INFORMATION**

Child Legal First Name and Last Name: \_\_\_\_\_

Child Birthdate: (Date, Month, and Year): \_\_\_\_\_

School name that child attended in School Year 2023-2024: \_\_\_\_\_

Street address of the school that the child attended in School Year 2023-2024: \_\_\_\_\_

**IF APPLICABLE, STUDENT INFORMATION**

Child Legal First Name and Last Name: \_\_\_\_\_

Child Birthdate: (Date, Month, and Year): \_\_\_\_\_

School name that child attended in School Year 2023-2024: \_\_\_\_\_

Street address of the school that the child attended in School Year 2023-2024: \_\_\_\_\_

**IF APPLICABLE, STUDENT INFORMATION**

Child Legal First Name and Last Name: \_\_\_\_\_

Child Birthdate: (Date, Month, and Year): \_\_\_\_\_

School name that child attended in School Year 2023-2024: \_\_\_\_\_

Street address of the school that the child attended in School Year 2023-2024: \_\_\_\_\_

**IF APPLICABLE, STUDENT INFORMATION**

Child Legal First Name and Last Name: \_\_\_\_\_

Child Birthdate: (Date, Month, and Year): \_\_\_\_\_

School name that child attended in School Year 2023-2024: \_\_\_\_\_

Street address of the school that the child attended in School Year 2023-2024: \_\_\_\_\_

**IF APPLICABLE, STUDENT INFORMATION**

Child Legal First Name and Last Name: \_\_\_\_\_

Child Birthdate: (Date, Month, and Year): \_\_\_\_\_

School name that child attended in School Year 2023-2024: \_\_\_\_\_

Street address of the school that the child attended in School Year 2023-2024: \_\_\_\_\_

**IF APPLICABLE, HOMELESS OR FOSTER CHILD AVAILABLE CONTACT INFORMATION**

Contact Person Name: \_\_\_\_\_

STREET ADDRESS

Country: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**REVIEW/APPEAL INFORMATION**

Description of why you are asking for a fair hearing.

*\*Write a description of why you feel your child(ren)'s SUN Bucks benefit was wrongfully denied.*

Description of a suggested resolution (solution) to the problem you would like to see.

*\*Write a description of what you would like to see happen.*

**IF APPLICABLE:**

Name and address of Attorney representing the party filing this request:

If you have an attorney or another person who is representing you in this request for a conference and/or a fair hearing, please fill out the contact information below.

Signature of party requesting the conference and/or a fair hearing.

\_\_\_\_\_

Date of Signature (Month, Day, Year): \_\_\_\_\_

**SUBMISSION INSTRUCTIONS**

Please print, sign, and mail this completed form to ADE at the following address:

**1535 W Jefferson St Bin #7**

**Phoenix, AZ 85007**

## ADDITIONAL INFORMATION FOR CUSTODIAL PARENTS/LEGAL GUARDIANS:

### 1. What happens after you file your request for a conference and/or a fair hearing for the Summer Electronic Benefits Transfer (Summer EBT)?

- ADE will review your information and will reach out using the contact information provided on your request to schedule a conference. The below circumstances must be met to proceed with a conference.
- The request was received by November 29, 2024.
- You cannot ask for a fair hearing for a denied application submitted to a school. You must request a fair hearing from the school.

### 2. What will occur during the initial conference with ADE?

- During the conference, you will have the opportunity to discuss your situation, present information, and obtain an explanation of the data submitted in the application or the decision rendered. During the conference, we hope all concerns with the decision are addressed or resolved.

### 3. If you are not satisfied with the outcome of the conference, you have the right to request a fair hearing.

- If you asked for an in-person hearing that date will be scheduled. The hearing will be at the Arizona Department of Education's North Campus Building, at 100 N 15th Ave, Fourth Floor, Phoenix, AZ 85007.
- If you asked for a written hearing, the hearing officer will ask you to send in information to show why you feel your child should have received Summer EBT. This may include pay stubs or other documents to show your income or benefits.
- You will have an opportunity to present oral or documentary evidence and arguments supporting a position without undue interference;
- If in person, you will have an opportunity to question or refute any testimony or other evidence and to confront and cross-examine any adverse witnesses;
- The hearing will be conducted, and the decision will be made by a hearing official who did not participate in making the application decision or in any previously held conference;
- If in person, the decision of the hearing official will be based on the oral and documentary evidence presented at the hearing and made a part of the hearing record.

### 4. The hearing decision:

- After the hearing, the hearing officer will issue a decision in writing. The parties concerned and any designated representative will be notified in writing of the decision of the hearing official. You may not appeal the decision.
- A written record will be prepared with respect to the hearing, which must include the challenge or the decision under appeal, any documentary evidence and a summary of any oral testimony presented at the hearing, the decision of the hearing official, including the reasons therefor, and a copy of the notification to the parties concerned of the decision of the hearing official; and
- A written record of the hearing will be preserved for a period of 5 years and must be available for exam.

*In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.*

*Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.*

*To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:*

*<https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:*

*1. mail:*

*U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or*

*2. fax:*

*(833) 256-1665 or (202) 690-7442; or*

*3. email:*

*[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)*

*This institution is an equal opportunity provider.*