

Appendix K

RI Low-Income Home Energy Assistance Program (LIHEAP)

First Appeal Request Form

Appeal Process

- To request an appeal hearing, submit this First Appeal form within fifteen (15) calendar days of the receipt of a Denial Letter. If an Appeal Request Form is not submitted in this timeframe, the Appeal will be automatically denied and such denial will be final.
- The Agency will communicate its decision regarding the First Appeal within five (5) business days of the First Appeal hearing.
- If a satisfactory resolution is not reached during the First Appeal hearing, a request for a Second Appeal hearing may be made within fifteen (15) days of the receipt of the First Appeal decision. If the request for a Second Appeal hearing is not made within this timeframe, the appeal will be automatically denied and such denial will be final.
- Notification of the Second Appeal will be communicated within five (5) business days of the Second Appeal Hearing.

Applicant Appeal Rights

- An Applicant has the right to bring a representative of his or her choice to present oral or written statements and other evidence, witnesses, and an interpreter to the hearing.
- An Applicant has the right to a hearing at the original Agency to which they applied.
- The Agency or State representative conducting the hearing must not have been involved in the initial decision to deny benefits.

Request for an Appeal

I am requesting a First Appeal with _____ (Local Community Action Agency) to which I applied for Heating Assistance. I submit that denial of my application was in error based on the following reasons:

Describe:

Applicant Name:
Address:
Phone #:
Signature of requesting applicant:

Please return this completed First Appeal Request form to:

Name of Community Action Agency:
Address:
Address: