To Whom It May Concern:

I want to have a Fair Hearing about my ________________ benefits.

I don’t agree with my worker at the Department of Children and Families’ decision about my benefits.

DCF decided ________________.

I disagree with the Department of Children and Families because:

______________________________

______________________________

______________________________

______________________________

Sincerely,

______________________________ (sign your name)

______________________________ (print your name)