

_____ (write your name)
_____ (write your Social Security Number)
_____ (write your mailing address)

_____ (write your telephone number(s))

Vermont Department of Children and Families

_____ (write your local DCF/PATH office address)

_____ (write today's date)

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)