

INSTRUCTIONS
DHS 1161 (Rev. 12/18)

REQUEST FOR A HEARING

PURPOSE:

The DHS 1161 “Request for A Hearing” form may be used by the applicant or beneficiary to request a hearing. An applicant or beneficiary may also request a hearing through telephone, mail, in-person, or other commonly available electronic means.

GENERAL INSTRUCTIONS:

If necessary, the Med-QUEST Eligibility Branch (EB) staff shall assist the applicant or beneficiary in completing this form. When a DHS 1161 is received by Med-QUEST, EB staff shall immediately determine if the request was received within the timely period in accordance with department rules and submits the request to the Administrative Appeals Office.

SPECIFIC INSTRUCTIONS:

For Med-QUEST Division Eligibility Staff:

1. EB staff shall type in or print legibly the following information in the “For Department Use Only” section.
2. Enter the date the request was received.
3. Enter unit and worker’s name.
4. Enter Case Name and Case Number.
5. Check one option regarding how request was submitted; assist with completing Sections I – III or attached paper or faxed in request to a DHS 1161:
 - (TEL) for telephone request;
 - (PER) in person request;
 - (MAIL) for mail request; or
 - (OTH) for requests received by other means.
6. Verify the current mailing address in Section III;
7. Verify that proper documentation is attached if not signed by the individual.

For Applicant/Beneficiary or Authorized Representative:

Section I.

If an Authorized Representative is assisting an Applicant/Beneficiary with the completion of this form the Authorized Representative shall read the instructions in Section III.

1. Print Applicant/Beneficiary First and Last Name.
2. Applicant/Beneficiary/Authorized Representative to check appropriate box and explain.

Section II.A. and Section II.B.

Applicant/Beneficiary or Authorized Representative is being informed when Aid Paid Pending may be restored based upon when the request was received.

Section II.C:

The beneficiary who:

- Selects “Yes” shall have his/her benefits restored under Aid Paid Pending a hearing decision.
- Selects “No” shall not have his/her benefits restored under Aid Paid Pending a hearing decision.
- Does not select either option, will automatically have his/her benefits restored under Aid Paid Pending a hearing decision.

Section III: If the applicant or beneficiary wishes to designate an Authorized Representative, print name of Authorized Representative. The Applicant/Beneficiary shall print their name, sign, date, and print their full mailing address. The Authorized Representative, shall sign, date, and print their mailing address.

The Authorized Representative will need to attach a copy of verification of the Power of Attorney, Guardian, Surrogacy form DHS 1121A or a completed DHS 1121 Designate Authorized Representative Form signed by the individual with the submission of the DHS 1161.

FILING DISTRIBUTION

1. The EW shall make two copies of the DHS 1161 form completed and route as follows:
 - a. Original to Administrative Appeals Office (AAO).
 - b. One copy to applicant or beneficiary.
 - c. One copy for case file.
2. The EW shall enter the information on this form into KOLEA to facilitate and track subsequent activities related to the request.