



T. Anthony Gill, Esq.
President, Board of Directors

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- of Hawaii -

Thank you for your request for information on GA/AABD denial/termination. If you have not already done so, you should apply for services with the Legal Aid Society of Hawai`i to get free counsel and advice on your legal issue(s) and to see if we can represent you in your GA/AABD termination or denial. The hotline is open Monday-Friday 9:00-11:30 a.m. and 1:00-3:30 p.m.

O`ahu	536-4302	Kaua`i	245-7580
Maui	242-0724	Moloka`i	553-3251
Hilo	934-0678	Lana`i	565-6089
Kona	329-8331		

Because of a lack of resources, we are not always able to represent everyone who disagrees with a Department of Human Services (“DHS”) decision. If we are not able to represent you, we hope to give you the tools you need to help you along the way. You are welcome to call back our hotline for more advice as you go through the process.

To be eligible for GA you must meet the GA definition of disabled, which requires that you have a medically certified physical or mental disability that has lasted at least 60 days and prevents you from being able to work 30 hours or more per week. If the Physical/Psychiatric Examination Report completed by the DHS doctor found that you were able to work at least 30 hours per week, you will need current medical records to show that their decision was wrong (see attached sample letters to request medical information).

To appeal, you must request a hearing within 90 calendar days from the mailing date on your denial/termination notice. To request a hearing, you must give a written hearing request to DHS. The written request can be a handwritten letter or a completed DHS hearing request form. DHS prefers their hearing request form. When submitting the hearing request to DHS, you should always make a copy of your completed hearing request before giving it to DHS and either hand deliver the original request to DHS and get your copy date-stamped or mail the original to DHS by certified mail, return receipt requested. Either method will give you proof of when you filed your hearing request.

If your case is a termination case, you can **continue to receive your GA** if you request a hearing within 10 calendar days of the mailing date of the notice. This is called Aid Paid Pending (“APP”) since it is aid you receive pending the hearing decision. Be warned: if you lose or fail to appear at the hearing, you will have to repay DHS for the amount of GA you received while waiting for your hearing.

Prior to the hearing, you should call your welfare worker and make an appointment to review and copy your file at the DHS. When you request a hearing, you become entitled to free copies of documents in your DHS file. When you get your hearing notice, attached to it will be an Internal Memo, which is called a branch report. This branch report tells you what DHS' position is in the case and what evidence they intend to use. When you review your DHS file, make sure you get copies of all the documents listed in the branch report. Usually in GA denial/termination cases, the evidence used by DHS includes: the Physical/Psychiatric Examination Report, form DHS 1270 or 1271, on which their decision was based, and the MQD Referral and GA Determination Form, form DHS 1258.

Any medical records you get from your doctors or hospitals should also be submitted as evidence at your hearing. You should make three (3) sets of copies of each of your exhibits; 1 set for the Hearing Officer, 1 set for DHS and 1 set for yourself.

You may represent yourself at your hearing. At the hearing, DHS may have a doctor present the state's case (it may be Dr. Sheedy or Dr. Smith for physical disabilities OR Dr. Chun for psychiatric disabilities). You will be given a chance to cross examine (question) the doctor. The doctor who shows up is the doctor who reviewed the your medical evaluations (performed by the doctors at the Rehab Hospital of the Pacific or the psychiatric evaluation by a DHS approved evaluator) and decided whether or not to grant your benefits.

If you lose your administrative hearing, you have the right to appeal the adverse decision to the First Circuit Court. To appeal, you must file a notice of appeal with the Circuit Court within 30 calendar days from the mailing date on the administrative hearing decision. You may represent yourself on appeal to the First Circuit Court. We have sample forms for appealing, however it is a lengthy and difficult process. Contact us if you want the sample appeal forms.

We hope that the information we have provided in this letter will be of assistance to you, and you are welcome to call our legal hotline with more questions:

Monday through Friday: 9:00 - 11:30 a.m. & 1:00 - 3:30 p.m.

Oahu: 536-4302 Hilo: 934-0678 Kona: 329-8331 Maui: 242-0724 Kauai: 245-7580

Please visit our Web site: www.legalaidhawaii.org

**SAMPLE LETTER TO REQUEST MEDICAL EVALUATIONS AND RECORDS
FROM YOUR DOCTORS
(Physical Disability)**

(Date) _____

Dr. _____, M.D.

(Address) _____

Re: (Your Name); (Your Social Security Number)

Dear Dr. _____:

I am in the process of appealing a Department of Human Services (DHS) decision regarding my General Assistance (GA) disability benefits. Medical evaluations and medical records are a very important part of my case. Please send me a copy of my medical records and an evaluation of my condition.

I cannot afford to pay for your report or for copies of my medical records. Your assistance in furnishing a report and copies of your records pursuant to this request is greatly appreciated.

Basically, the evaluation should include, but not necessarily be limited to the following:

1. Your diagnosis of my impairment, including a discussion of any clinical and laboratory findings which led to such diagnosis(es). Please include the date that I became disabled.
2. Your prognosis for each impairment, including the probable duration and expected degree of improvements.
3. The severity of the impairments, either individually or in combination, in functional terms, i.e., a description of my ability or capacity to perform significant functions such as sitting, standing, moving about, handling objects, working on a sustained basis, etc.
4. The deteriorating effect of each impairment, how it aggravates other physical or mental impairments, and how it affects my general health.

5. The type of medications I am taking, the effects they may have on my functioning, especially effects on concentration and memory. For instance, does the medication make me drowsy.
6. If I complain of pain, or other subjective symptoms that cannot be tested, please state your opinion as to the severity of such complaints.
7. Is there any psychogenic component to my complaints, i.e., depression, anxiety, etc., which would increase the severity of my complaints.
8. State what you believe to be types of activities I am precluded from performing.
9. Where exertionally limited, state the sustained lifting and carrying ability (not necessarily for full-time work, but for ongoing substantial work) in work-load or in pounds.
 - 9a. Less than sedentary- 0 to 9 pounds;
 - 9b. Sedentary- up to 10 pounds;
 - 9c. Light-20 pounds maximum, 10 pounds frequently;
 - 9d. Medium-50 pounds maximum, 25 pounds frequently;
 - 9e. Heavy-100 pounds maximum, 50 pounds frequently;
 - 9f. Very Heavy-above heavy lifting and carrying.

Please be sure to add any other exertional limitations, as well as all non-exertional ones.

10. Am I able to work 30 hours per week?

Please respond by _____, I expect my hearing to be set soon. Therefore, your prompt attention to this matter is appreciated. If you have any questions concerning this request, please do not hesitate to contact me at _____.

Very truly yours,

_____(Your Signature)
(Print or type your name here)

SAMPLE LETTER TO REQUEST PSYCHIATRIC EVALUATIONS AND RECORDS
FROM YOUR DOCTORS (Psychiatric Disabilities)

(Date) _____

Dr. _____, M.D. or Ph.D.

(Address) _____

Re: (Your Name); (Your Social Security Number)

Dear Dr. _____:

I am in the process of appealing a Department of Human Services (DHS) decision regarding my General Assistance (GA) disability benefits. Medical evaluations and medical records are a very important part of my case. Please send me a copy of my psychiatric/clinical records and an evaluation of my condition.

I cannot afford to pay for your report or for copies of my records. Your assistance in furnishing a report and copies of your records pursuant to this request is greatly appreciated.

Basically, the evaluation should include, but not necessarily be limited to the following:

1. Your diagnosis of my impairment, including a discussion of any clinical and laboratory findings which led to such diagnosis(es). Please include the date I became disabled.
2. Your prognosis for each impairment, including the probable duration and expected degree of improvements.
3. The severity of my impairments, either individually or in combination and their effect on my ability to work on a sustained basis.
4. The deteriorating effect of each impairment, how it aggravates other physical or mental impairments, and how it affects the my general health.

(Name of Doctor)

(Date)

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5. The type of medications I am taking, the effects they may have on my functioning, especially effects on concentration and memory. For instance, does the medication make me drowsy.
6. If I complain of subjective symptoms that cannot be tested, please state your opinion as to the severity of such complaints.
7. Have I been compliant with treatment?
8. State what you believe to be the types of activities that I am precluded from performing.
9. Am I capable of working 30 hours per week?

Please respond by _____, as I expect my hearing to be set soon. Therefore, your prompt attention to this matter is appreciated. If you have any questions concerning this request, please do not hesitate to contact me at _____.

Very truly yours,

_____ (Your Signature)
(Print or type your name here)

**SAMPLE LETTER TO REQUEST MEDICAL RECORDS
FROM HOSPITALS**

(Today's Date) _____

Hospital Name
ATTN: Medical Records Department
Address
City, State ZipCode

RE: Your Name, SS#

To Whom It May Concern:

I am in the process of appealing a Department of Human Services (DHS) decision regarding my General Assistance (GA) disability benefits. Medical records are a very important part of my case. Please send me a copy of my medical records.

I cannot afford to pay for copies of your records. Your assistance in furnishing copies of your records pursuant to this request is greatly appreciated.

Please respond by _____ (date you want the records by). I expect my hearing to be scheduled soon. Your prompt attention to this matter is greatly appreciated.

If you have any questions concerning this request, please do not hesitate to contact me at _____ (your telephone number).

Sincerely,

_____ (Your Signature)
(Print or type your name)