

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) business 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 Community Action 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) business 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 decision 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 _____ (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:

Please describe reason for appeal:

Applicant Name (print name): _____

Address: _____

Phone: _____

Signature of requesting applicant: _____

Please return this completed First Appeal Request form to:

Community Action Agency: _____

Mailing address: _____