



MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

AGENCY REPRESENTATIVE FOOD STAMP HEARING CONTROL LOG

1. CASE NAME	2. TYPE OF ASSISTANCE FOOD STAMPS	3A. DCN	3B. SUPERCASE NUMBER
4. COUNTY NUMBER	5. ELIGIBILITY SPECIALIST/LOAD/UNIT	6. HEARING NUMBER	
7A. ADVERSE ACTION: FORM (FA-510, FA-150, IM-112)			
7B. ACTION <input type="checkbox"/> REJECTION <input type="checkbox"/> CLOSING <input type="checkbox"/> ADJUSTMENT <input type="checkbox"/> REMOVE A PERSON <input type="checkbox"/> SANCTION <input type="checkbox"/> OTHER			
8. HEARING REQUEST DATE ▶		9. DATE HEARING HELD ▶	
10. WAS HEARING RESCHEDULED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ANSWER 10A, 10B, AND 10C.			
10A. DATE HEARING WAS ORIGINALLY SCHEDULED (MONTH/DAY/YEAR)			
10B. WAS HEARING RESCHEDULED MORE THAN ONCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
10C. IF YES, WHO REQUESTED RESCHEDULING(S), FOR WHAT REASON(S), AND DATE(S)?			
11. DATE OF DECISION (DIRECTOR'S SIGNATURE DATE)		12. DATE DECISION RECEIVED IN COUNTY OFFICE	
13. DECISION (CHECK ONE) A. <input type="checkbox"/> AFFIRMED - RECEIVED BENEFITS PENDING HEARING DECISION B. <input type="checkbox"/> AFFIRMED - DID NOT RECEIVE BENEFITS PENDING HEARING DECISION C. <input type="checkbox"/> REVERSED - RECEIVED BENEFITS PENDING HEARING DECISION D. <input type="checkbox"/> REVERSED - DID NOT RECEIVE BENEFITS PENDING HEARING DECISION IF REVERSED (13C OR D ABOVE), PLEASE ANSWER 13E, 13F, AND 13G			
13E. FINAL ACTION TAKEN		13F. DATE FINAL ACTION WAS COMPLETED	
13G. REASON(S) FOR DELAY IN IMPLEMENTATION			
14. COMMENTS (USE REVERSE SIDE, IF NEEDED)			
15. IM-89 CONTACT PERSON			16. TELEPHONE NUMBER