

Daniel Boone Community Action Agency Central Office 1535 Shamrock Road Manchester, KY 40962 (606) 598-5127

## **NOTICE OF APPEAL RIGHTS**

Under various titles of federal law, Kentucky Revised Statuses and pursuant to terms of contracts and agreements with and through the Kentucky Cabinet for Health and Family Services, this agency is required to provide a hearing to any applicant or recipient of service who is aggrieved by any agency action resulting in denial, suspension, discrimination, exclusion or termination of services administered under federal or state statute or funding pertaining to its administered programs.

This agency, as grantor and/or contractor in the public interest, hereby affirms its compliance with this policy and directs its staff to act accordingly.

Please consider your receipt of this statement as your personal and formal notice of your right to a fair hearing should you be aggrieved by any covered action by this agency or its staff.

If you are dissatisfied with the action taken by the agency, you may request a fair hearing of your complaint. Your request must be filed in writing within thirty (30) days of the action you wish to appeal. You may appeal by letter or by completing an appeal form which may be obtained from the agency's local county coordinator. Your complaint must contain:

- 1. Your full name, complete address and telephone number(s);
- 2. A detailed statement of the nature of your complaint, including the date an place of the agency action and the agency program or service involved;
- 3. Name(s) and addresses (at least their office or service location) of staff you believe treated you inappropriately;
- 4. Your signature and/or that of your authorized representative, if any; and
- 5. A clear indication whether your complaint pertains to service or involves alleged discrimination.

Providing false information or hiding information to receive LIHEAP benefits is fraud. All incidents of fraud will be reported to the Office of Inspector General, Cabinet for Health and Family Services. If you commit fraud, your benefits can be stopped and you can be prosecuted.

(USPS postmark or agency date-of-receipt-stamp serves to verify timeliness.)

Please forward your complaint to:

Daniel Boone Community Action Agency Kim Stevens 1535 Shamrock Road Manchester, KY 40962

## Definitions: - The defined terms used for the LIHEAP Program are as follows:

"Confidential Information" means information including, but not limited to, financial information, social security number, drivers' license number, age, health information, information relating to disabilities, employment information, date of birth, education level, criminal history, amounts of assistance provided, and any information collected or generated by the IRS with regard to a person's tax liability regarding a Data Subject, as hereinafter defined.

"Data Subject" means members of my household, my family and me.

"Data Recipient" means Daniel Boone Community Action Agency (hereinafter "CAA") and any Federal, State and/or local government agenc(ies) including, but not limited to, The Commonwealth of Kentucky, Community Action Kentucky, Inc. (CAK); a Data Subject's energy provider(s), a Data Subject's financial institutions, and any other appropriate third party as needed for the purpose of providing benefits, determining eligibility, verifying the data provided, operating the LIHEAP program; performing evaluation and reporting; as well as referring and/or enrolling any Data Subject in other third party assistance programs or any other reason authorized by state or federal law.

"Disclosure" means collection, storage, disclosure, copying, sharing, giving, release of use, and/or transmission to and/or receipt of, and examination or analysis.