

AGENCY ACTION RESCINDED (IM-90A) INSTRUCTIONS

PURPOSE: To notify the Administrative Hearing Unit after the FSD office determines that information is inadequate to substantiate the agency's action or proposed action and the agency wishes to rescind the decision and there is no adverse affects to the participant's benefits.

NUMBER OF COPIES AND DISPOSITION: Fax one copy to the Administrative Hearing Unit and keep a copy in the applicant/participant's case file.

MANUAL REFERENCE: Chapter X

INSTRUCTIONS FOR COMPLETION: Complete this form online when a hearing request was submitted to the Administrative Hearing Unit; however, after the submission, the agency rescinds the action that resulted in the hearing request and there is no longer an adverse affect on the participant's benefits. The FSD office must notify (fax) the Administrative Hearing Unit within 24 hours of rescinding the action.

FROM: Enter the agency office, telephone number, street address, city and zip code.

TO: Enter the name of the hearing officer conducting the hearing (if known).

RE: Enter the case name.

CASE DCN: Enter the case DCN.

PROGRAM: Select the program that the hearing is regarding.

ADDITIONAL ENTRIES:

- Mark one of the two boxes and enter appropriate date(s) and time.
- Enter the date the action was rescinded.
- Enter the date the agency first took the original action that resulted in the hearing request and a short description of the agency action that was rescinded.

SIGNATURE OF ELIGIBILITY SPECIALIST: ES must sign and date the form.

SIGNATURE OF SUPERVISOR: An Eligibility Specialist supervisor must sign and date the form.