

Feb 09, 2016

Office of Appeal Hearings  
Dept. of Children and FamiliesSTATE OF FLORIDA  
DEPARTMENT OF CHILDREN AND FAMILIES  
OFFICE OF APPEAL HEARINGSAPPEAL NO. 15F-09326  
APPEAL NO. 15F-09440


PETITIONER,

Vs.

CASE NO. FLORIDA DEPARTMENT  
OF CHILDREN AND FAMILIES  
CIRCUIT: 19 St. Lucie  
UNIT: 88586RESPONDENT.  

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**FINAL ORDER**

Pursuant to notice, the undersigned convened an administrative hearing in the above-referenced matter on January 6, 2016 at 10:04 a.m. in  Florida and reconvened telephonically on January 27, 2016 at 10:31 a.m.

**APPEARANCES**

For the Petitioner:



For the Respondent:

Ronda Lanum, supervisor

**STATEMENT OF ISSUE**

At issue is the amount of Food Assistance Program (FAP) benefits the petitioner was approved to receive at recertification. The petitioner carries the burden of proof by the preponderance of evidence in the FAP appeal.

The petitioner is also appealing the Medically Needy Program with an estimated share of cost (SOC). He is seeking a lower SOC. The petitioner carries the burden of proof by the preponderance of evidence in the Medicaid appeal.

### **PRELIMINARY STATEMENT**

The Department presented one exhibit which was entered into evidence and marked as Respondent's Composite Exhibit 1. The petitioner presented two exhibits which were entered into evidence and marked as Petitioner's Composite Exhibits 1 and 2.

On January 27, 2016, the hearing reconvened. At that hearing, the Department presented one exhibit which was accepted into evidence and marked as Respondent's Composite Exhibit 2. No additional exhibits were presented by the petitioner.

[REDACTED] petitioner's brother, was present on January 6, 2016.

A continuance was granted to the petitioner for an in person hearing.

### **FINDINGS OF FACT**

1. On October 21, 2015, the petitioner submitted a recertification application for FAP benefits and Medicaid benefits. He was the only person listed on his recertification application. He listed expenses for property taxes of \$67.61, condominium maintenance of \$6.25, homeowner's insurance of \$163.25, electricity of \$200, trash and telephone. He also listed medical expenses for prescription drugs of \$8.38 and expenses for medical transportation of \$31.25. He is 58 years old and receiving Social Security Disability income (SSDI) of \$667. It is his only source of income. He is also receiving Medicare benefits. The state of Florida is paying his Medicare Part B premium. On his recertification application, he also listed total billed medical expenses

for [REDACTED] of \$382.93, exit tax \$29, dental lab/ dental cleaning of \$30 and a dentist bill in Costa Rica of \$1,212.

2. On October 27, 2015, the petitioner provided verification of his shelter expenses for property tax annually of \$811.33, homeowners insurance of \$1,524, flood of \$430 and association fee of \$75. He also provided proof of his medical expenses for co-payments for his prescriptions, transportation cost to his dentist in Costa Rica [REDACTED] dental invoice (bill) and lodging in Costa Rica. He provided his credit card statement which showed payments he made for dental expenses billed to him. His last payment was made on October 2, 2015. He also provided verification for seven different prescriptions every 90 days of \$2.65 each.

3. On October 28, 2015, the petitioner contacted the Department regarding the verification.

4. On October 28, 2015, the Department pended the petitioner to provide monthly recurring medical bills.

5. On November 02, 2015, the Department contacted the petitioner to discuss his transportation expenses and informed him that transportation expenses can only be used to meet his SOC and not a medical expense in the FAP budget.

6. The petitioner's case record was updated with his medical costs of \$6.18. He was determined eligible for \$137 in FAP benefits for November 2015 ongoing.

7. The Department's calculation is as follows. To determine the FAP benefits for November 2015, December 2015, and January 2016 ongoing, the respondent counted the petitioner's gross monthly income of \$667. It subtracted \$155 resulting in a total adjusted income of \$512. There were no excess medical expenses given as the

petitioner's total medical cost of \$6.18 did not exceed the medical deduction of \$35.

The shelter cost of \$236.15 was added to the Standard Utility Allowance of \$345 to get the total shelter/utility cost of \$581. Fifty percent of the adjusted net income (\$256) is the standard shelter. This was subtracted from the total shelter/utility, resulting in \$325.15. This was subtracted from the adjusted income (\$512) resulting in \$186 as the Food Assistance adjusted income. The maximum net income limit for a household size of one is \$981. As the petitioner's net income was lower than the maximum net income limit, the respondent proceeded to calculate the benefit reduction. The Food Assistance adjusted income of \$186 was multiplied by 30%, to get the benefit reduction of \$57 (rounded up). This was subtracted from the maximum FAP amount of \$194 resulting in \$137. The Department used the same methodology for December 2015, ongoing.

7(a) November 2015, FAP Budget.

SSDI	\$667
<b>Total household income</b>	<b>667</b>
Standard deduction for a household of 1	(\$155)
Excess medical expenses (6.18-35=0)	(\$0)
<b>Adjusted income after deductions</b>	<b>\$512</b>
Shelter costs	\$236.15
Standard utility Allowance	\$345
<b>Total shelter/utility cost</b>	<b>\$581.15</b>
Shelter standard (50% adjusted income)	(\$256)
<b>Excess shelter deduction</b>	<b>\$325.15</b>
Adjusted income	\$512
Excess Shelter Deduction	(\$325.15)
<b>Adjusted income after shelter</b>	<b>\$186.85</b>

**deduction**

Thrifty Food Plan for HH1	\$194
30% of \$186.85	(\$57)
Monthly Allotment	\$137

7(b). December 2015, FAP budget.

SSDI	\$667
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<b>Total household income</b>	667
Standard deduction for a household of 1	(\$155)
Excess medical expenses (7.07-35=0)	(\$0)

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**Adjusted income after deductions** **512.**

Shelter costs	\$285.02
Standard utility Allowance	\$345

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<b>Total shelter/utility cost</b>	\$630.02
Shelter standard (50% adjusted income)	(\$256)

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**Excess shelter deduction** \$374.02

Adjusted income	\$512
Excess Shelter Deduction	(\$374.02)

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**Adjusted income after shelter deduction** **\$137.98**

Thrifty Food Plan for HH1	\$194
30% of \$137.98	(\$42)
Monthly Allotment	\$152

7(c). January 2016, FAP budget.

SSDI	\$667
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<b>Total household income</b>	667
Standard deduction for a household of 1	(\$155)

Excess medical expenses (7.07-35=0)	(\$0)
<b>Adjusted income after deductions</b>	<b>\$512</b>
Shelter costs	\$216.27
Standard utility Allowance	\$345
<b>Total shelter/utility cost</b>	<b>\$561.27</b>
Shelter standard (50% adjusted income)	(\$256)
<b>Excess shelter deduction</b>	<b>\$305.27</b>
Adjusted income	\$512
Excess Shelter Deduction	(\$305.27)
<b>Adjusted income after shelter deduction</b>	<b>\$206.73</b>
Thrifty Food Plan for HH1	\$194
30% of \$206.73	(\$63)
Monthly Allotment	\$131

8. To determine the petitioner's SSI-Related Medicaid benefits, the respondent determined the petitioner's gross income of \$667. The respondent determined the petitioner was not eligible for full Medicaid as he was receiving Medicare benefits. The respondent proceed to enroll him in the Medically Needy Program with a share of cost (SOC) based on his income.

9. The respondent performed the following budget calculations when it determined the petitioner's estimated SOC. It determined the petitioner's monthly gross income was \$667. A \$20 unearned income disregard was subtracted resulting to \$647 as the petitioner's countable income. The Medically Needy Income Limit of \$180 for household size of one was subtracted resulting to \$467 as the petitioner's SOC.

10. On November 23, 2015, the respondent approved FAP benefits and sent the petitioner a Notice of Case Action informing him he was approved for \$137 in FAP benefits. The same notice informed him that his Medically Needy has been reviewed and he was eligible for continued Medicaid coverage.

11. On November 6, 2015, the petitioner requested a hearing to have his FAP benefits reviewed and also to challenge his enrolment in the Medically Needy Program with an estimated SOC.

12. At the hearing, the petitioner argued that his out of pocket medical expenses for his dental implants, transportation and lodging in Costa Rica should be used as medical cost/deduction in both his FAP budget and SOC budget. He provided dental expenses billed on August 24, 2015 and August 25, 2015 for service in Costa Rica, [REDACTED] transportation of \$382.93 (\$765.86 for himself and his brother divided by two), travel insurance of \$57.44. He provided an invoice with his brother's name from [REDACTED] lodge in Costa Rica for the period August 17, 2015, through August 27, 2015. He explained that he has to repay his brother for those expenses. The petitioner also provided a pharmacy printout from [REDACTED] showing he paid \$2.65. There were seven recurring prescriptions every 90 days. He also provided proof of his doctor's visits and his patient responsibility for 14 doctors (average \$43.19 monthly). The petitioner explained he also paid for homeowner's insurance, flood insurance, property taxes and homeowner's association. He provided three checks made payable to [REDACTED] [REDACTED] Two of the checks were for his homeowners insurance, broken into two payments of \$860 and \$664. The other check was for his flood insurance of \$430. He provided four checks made payable to [REDACTED] County Tax Collector for property tax

of \$204.13, \$210.44, \$196.81, \$199.95. He also provided a statement from [REDACTED]  
[REDACTED] Property Owners Association for \$75 annually. The petitioner's verified monthly shelter cost is \$236.25.

### **CONCLUSION OF LAW**

13. The Department of Children and Families, Office of Appeal Hearings has jurisdiction over the subject matter of this proceeding and the parties, pursuant to § 409.285, Fla. Stat. This order is the final administrative decision of the Department of Children and Families under § 409.285, Fla. Stat.

14. This proceeding is a de novo proceeding pursuant to Fla. Admin. Code R. 65-2.056.

#### **The FAP benefits issue will be addressed first:**

15. Federal regulation C.F.R. § 273.9 addresses income/allowable deductions budgeting in the FAP in part and states:

- (a) Income eligibility standards. Participation in the Program shall be limited to those households whose incomes are determined to be a substantial limiting factor in permitting them to obtain a more nutritious diet.
- (b) Definition of income...
  - (2) Unearned income shall include, but not be limited to: ...
    - (ii) Annuities; pensions; retirement, veteran's, or disability benefits; worker's or unemployment compensation including any amounts deducted to repay claims for intentional program violations as provided in §272.12; old-age, survivors, or social security benefits...

16. Federal regulation 7 C.F.R. § 273.9(d) sets forth the specific deductions allowable in the calculation of the final Food Assistance Program benefit allotment.

These **potential allowable deductions** are limited to include only: (1) standard deduction, (2) earned income deduction, (3) excess medical deduction, (4) dependent



care deduction, (5) child support deduction, (6) standard utility allowance, and shelter expenses.

17. The respondent must follow these federal budgeting guidelines when determining eligibility. It also directs the Department to consider Social Security Disability Income, as unearned income that must be included in the eligibility determination.

18. The federal regulation 7 C.F.R. § 273.10 (e) addresses “Calculating net income and benefit levels” as follows:

(1) Net monthly income (i)...

(A) Add the gross monthly income earned by all household members and the total monthly unearned income of all household members, minus income exclusions, to determine the household's total gross income...

(C) Subtract the standard deduction.

(D) If the household is entitled to an excess medical deduction as provided in §273.9(d)(3), determine if total medical expenses exceed \$35. If so, subtract that portion which exceeds \$35.

(H) Total the allowable shelter expenses to determine shelter costs, unless a deduction has been subtracted in accordance with paragraph (e)(1)(i)(G) of this section. Subtract from total shelter costs 50 percent of the household's monthly income after all the above deductions have been subtracted. The remaining amount, if any, is the excess shelter cost, compute the shelter deduction according to paragraph (e)(1)(i)(I) of this section.

(I) Subtract the excess shelter cost up to the maximum amount allowed for the area (unless the household is entitled to the full amount of its excess shelter expenses) from the household's monthly income after all other applicable deductions. Households not subject to a capped shelter expense shall have the full amount exceeding 50 percent of their net income subtracted. The household's net monthly income has been determined.

(2) Eligibility and benefits...

(ii)(A)...the household's monthly allotment shall be equal to the maximum food stamp allotment for the household's size reduced by 30% of the household's net monthly income...

19. The Department's Program Policy Manual (Policy Manual), CFOP 165-22, at Appendix A-1, establishes the income and deductions standards as follows. Effective

October 2015, the 200% Federal Poverty level (FPL) for a household size of one is \$1,962. A one-person assistance group's net income limit is \$981, the standard deduction is \$155 and the Standard Utility Allowance is \$345. The same reference shows the maximum FAP benefits for one person as \$194 effective October 2014.

20. The Policy Manual at section 2410.0355 addresses Allowable Medical Expenses (FS) and states:

Allowable medical expenses are:

1. **Medical and dental care**, including psychotherapy and rehabilitation services provided by a licensed practitioner authorized by state law, or by other qualified health professional. (**emphasis added**)
2. Hospitalization or outpatient treatment, nursing care, and nursing home care provided by a facility recognized by the state (an assistance group (AG) would continue to be eligible for an excess medical adjustment for the medical expenses of a former individual who is 60 or over or receives SSI or Social Security disability even after that individual becomes hospitalized, institutionalized or dies if the remaining AG individuals are legally responsible for payment of the expenses).
3. Prescription drugs when prescribed by a licensed practitioner authorized under state law, and other over-the-counter medication (including insulin), medical supplies, sickroom equipment (either rented or purchased), or other prescribed equipment when approved by a licensed practitioner or other qualified health professional.
4. Dentures, hearing aids, and prosthetics.
5. Eyeglasses or contact lenses prescribed by a physician skilled in eye disease or by the optometrist.
6. Health and hospitalization insurance policy premiums. If the insurance policy covers more than one AG individual, only that portion of the medical insurance premium assigned to the AG individual(s) eligible for the medical deduction may be allowed. In the absence of specific information on how much of the premium is for an AG individual eligible for a medical deduction, proration may be used to determine the amount to be allowed.
7. The cost of health and accident policies such as those payable in lump sum settlements for death or reimbursement, or income maintenance policies such as those that continue mortgage or loan payments while the beneficiary is disabled, are not deductible.
8. Medicare premiums related to coverage under Title XVIII of the Social Security Act, any cost sharing or spend down expenses incurred by Medicaid individuals.
9. Securing and maintaining a Seeing Eye or hearing dog, including the cost of dog food and veterinarian bills.

**10. Reasonable cost of transportation and lodging to obtain medical treatment or services. Count the actual costs of transportation to get medical treatment or services, including costs of travel to buy medicine. If the actual cost of transportation is unknown, use the current mileage allowance in effect for state employees. (emphasis added)**

11. Maintaining an attendant, homemaker, home health aide, or child care or housekeeper services if necessary due to age, infirmity, or illness. In addition, an amount equal to one individual benefit shall be considered a medical expense if the AG furnishes the majority of the attendant's meals...

21. The above allows dental care as a deduction in the FAP program. It also allows for transportation costs and lodging as deductions for medical treatment. Therefore, based on the above policy, the petitioner is allowed deductions for dental expenses, transportation costs and lodging for only the days he had dental procedures performed.

22. The Policy Manual section 2410.0357 addresses Normally Recurring Medical Expenses (FS) and states:

Normally recurring medical expenses shall be calculated based on medical expenses for which the assistance group (AG) expects to be billed or otherwise have due during the certification period less any expected reimbursements. Anticipation of medical expenses shall be based on the most current bill if it is the best indication of the anticipated expense. A history of past medical expenses can be used to anticipate continuing expenses. If past prescriptions and other medical expenses are obtainable, they may be used to average monthly costs if the expenses are expected to continue.

The eligibility specialist can determine if they are anticipated by:

1. public or private medical insurance coverage,
2. discussion with the individual,
3. knowledge of the type of illness the individual has,
4. past history, including current verified medical expenses, and/or
5. contact with the doctor if necessary.

If the AG is reasonably certain that a change will occur, the anticipated expense will be based on the best available information.

AGs anticipating that they will incur a medical expense several months into the certification period and providing adequate verification at the time eligibility is determined can have the expense averaged over the entire certification period. One-time changes reported during a certification period will be allowed as a one-time expense in the amount billed or due

or averaged over the remainder of the certification period at the AG's option.

23. The Policy Manual at section 2410.0358 Fluctuating Medical Expenses (FS)

states:

If normally recurring medical expenses fluctuate monthly but are anticipated for the certification period, average expenses over the certification period. If billed or due less often than monthly, average over the period between scheduled billings. When a normally recurring medical expense begins during the certification period, the expense, less reimbursements, is allowed beginning with the month the change would be effective.

24. The Policy Manual at section 2410.0360 addresses One-Time Medical Expense (FS) states:

**For prospective budgeting and beginning months, one-time medical expenses might, in some instances, be anticipated. If anticipated and verified prior to certification, the assistance group (AG) is eligible for the medical disregard and has the option of deducting the full amount, less reimbursements, in the month billed or due, or averaging the amount due over the certification period.**

25. According to the above policy the petitioner can choose to average One-Time Medical Expenses (dental expenses) over his certification period. Since the petitioner incurred dental expenses in August 2015 this expenses can be averaged over his certification period.

26. The undersigned reviewed the Department's calculation of the petitioner's FAP budget for November 2015, ongoing and found the petitioner was credited with a standard deduction and an excess shelter deduction. There were no deductions for excess medical expenses. The Department only allowed a total medical cost of \$6.18. According to the Department's Policy Manual, the petitioner's dental expenses (August 2015) is One-Time Medical Expense and can be averaged over his certification period.

The petitioner's transportation of \$383.93 and his lodging (dental service dates) are allowable. The petitioner's Out of Pocket expenses to doctors are also allowed. On October 27, 2015, the petitioner provided proof of monthly shelter cost totaling \$236.25 (home owners insurance, flood insurance, property tax and homeowners association).

The Department approved FAP benefits on November 23, 2015 without consideration of his medical expenses or reported and verified shelter expenses in October 2015.

27. After considering the evidence, the testimony, and the appropriate authorities cited above, the hearing officer concludes the respondent erred in the calculation of the petitioner's FAP benefits. This appeal is remanded to the Department to allow the petitioner's medical expenses as stated above in his FAP budget and to also the update the shelter expense as verified by the petitioner on October 27, 2015 prior to the Department's disposition of the petitioner's application.

**Medicaid benefits will now be addressed:**

28. The Department determined the petitioner's Medicaid benefits under the SSI Related Program.

29. Fla. Admin. Code R. 65A-1.701, Definitions, states in part:

(20) MEDS-AD Demonstration Waiver: Medicaid coverage group for aged or disabled individuals who meet all SSI-related Medicaid non-financial eligibility criteria, whose resources do not exceed the limit in the Medically Needy Program, whose income is at or below 88 percent of the federal poverty level and are not receiving Medicare or if receiving Medicare are also eligible for Medicaid covered institutional care services, hospice services or home and community based services.

30. The above authority explains that the MEDS-AD (full Medicaid for an aged or disabled person) has an income limit of 88% of the federal poverty level and in addition to meeting that limit the person must not have Medicare.

31. The Policy Manual, at Appendix A-9, lists the MEDS-AD income limit as \$864 for an individual effective July 2015.

32. The above controlling authorities explain the full Medicaid coverage group (MEDS-AD Demonstration Waiver) in the SSI-Related Program is for individuals whose income is below the federal poverty level and are not receiving Medicare. The MEDS-AD income limit for an individual is \$864. The petitioner is receiving Medicare Part B paid by the state; therefore, he is ineligible for full Medicaid. The undersigned further concludes Medically Needy eligibility must be explored for the petitioner.

**The Medically Needy share of cost will now be addressed:**

33. Fla. Admin. Code R. 65A-1.701 (30) defines Share of Cost (SOC) as:

Share of Cost (SOC): SOC represents the amount of recognized medical expenses that a Medically Needy enrolled individual or family must incur each month before becoming eligible to receive Medicaid benefits for medical expenses incurred during the remainder of the month.

34. Fla. Admin. Code R. 65A-1.710, SSI-Related Medicaid coverage Groups, states in part:

(5) Medically Needy Program. A Medicaid coverage group, as allowed by 42 U.S.C. §§ 1396a and 1396d, for aged, blind or disabled individuals (or couples) who do not qualify for categorical assistance due to their level of income or resources.

35. The above authority explains the Medically Needy Program is a coverage group for aged, blind or disabled individuals who do not qualify for full Medicaid due to the level of income.

36. Fla. Admin. Code R. 65A-1.702 (13) Determining Share of Cost (SOC). The SOC is determined by deducting the Medically Needy Income Level from the individual's or family's income.

37. Federal Regulations at 20 C.F.R. § 416.1124 (c) (12), Unearned Income we do not count, states in part, “The first \$20 of any unearned income in a month...”

38. Income budgeting is set forth in Fla. Admin. Code R. 65A-1.713. It states:

(1) Income limits. An individual’s income must be within limits established by federal or state law and the Medicaid State Plan. The income limits are as follows:

(h) For Medically Needy, income must be less than or equal to the Medically Needy income standard after deduction of allowable medical expenses...

(4) (c) Medically Needy. The amount by which the individual’s countable income exceeds the Medically Needy income level, called the “share of cost”, shall be considered available for payment of medical care and services. The department computes available income for each month eligibility is requested to determine the amount of excess countable income available to meet medical costs. If countable income exceeds the Medically Needy income level the department shall deduct allowable medical expenses in chronological order, by day of service. Countable income is determined in accordance with subsection 65A-1.713(2), F.A.C. To be deducted the expenses must be unpaid, or if paid, must have been paid in the month for which eligibility is being determined or incurred and paid during the three previous calendar months to the month for which eligibility is being determined but no earlier than the three retroactive application months. The paid expense may not have been previously deducted from countable income during a period of eligibility. Medical expenses reimbursed by a state or local government not funded in full by federal funds, excluding Medicaid program payments, are allowable deductions. Any other expenses reimbursable by a third party are not allowable deductions. Examples of recognized medical expenses include:

1. Allowable health insurance costs such as medical premiums, other health insurance premiums, deductibles and co-insurance charges; and,
2. Allowable medical services such as the cost of public transportation to obtain allowable medical services; medical services provided or prescribed by a recognized member of the medical community; and personal care services in the home prescribed by a recognized member of the medical community.

39. Fla. Admin. Code R. 65A-1.716 (2), Income and Resource Criteria, sets forth the Medically Needy Income Level for one person at \$180.

40. The above rule states the SOC is determined by subtracting the Medically Needy Income Level from the family's income. For the petitioner, the determination of the SOC is the monthly income of \$667 less a \$20 disregard, less the MNIL of \$180, which resulted in a share of cost of \$467 effective October 2015 and ongoing. Eligibility for a lower SOC is not found.

41. The Policy Manual at passage 2440.0102, Medically Needy Income Limits (MSSI) states:

When the assistance group has met the technical eligibility criteria and the asset limits, it is enrolled. There is no income limit for enrollment. The assistance group is income eligible (entitled to Medicaid) once income is less than or equal to the Medically Needy Income Level (MNIL) or medical bills equal the amount by which his income exceeds the MNIL. Once medical bills are equal to this surplus income, referred to as share of cost, the assistance group is eligible.

The eligibility specialist must determine eligibility for Medically Needy any time the assistance group's income exceeds the income limits for another full Medicaid Program.

42. A review of the rules did not find any exceptions to the income limits. The undersigned concludes the Department correctly followed its policy in determining the SOC. The undersigned concludes the respondent's actions to deny full-coverage Medicaid and enroll the petitioner in the Medically Needy Program with a monthly share of cost in the amount of \$467 was a correct action. A lower share of cost was not found.

### **DECISION**

Based upon the foregoing Findings of Fact and Conclusions of Law, the petitioner's appeal for FAP benefit is granted and remanded to the Department to determine eligibility protecting the petitioner's application dated October 21, 2015 taking



into consideration the medical expenses and shelter expenses cited above. The Department is to issue any additional FAP benefits the petitioner may be eligible for, not duplicating benefits already received.

The appeal for full Medicaid benefits and/or a lower share of cost is denied. The respondent's action is upheld.

**ANY FOOD STAMP BENEFITS DUE APPELLANT PURSUANT TO THIS ORDER MUST BE AVAILABLE WITHIN (10) TEN DAYS OF THIS DECISION OR WITHIN (60) SIXTY DAYS OF THE REQUEST FOR THE HEARING. ANY BENEFITS DUE WILL BE OFFSET BY PRIOR UNPAID OVERISSUANCES.**

**NOTICE OF RIGHT TO APPEAL**

This decision is final and binding on the part of the Department. If the petitioner disagrees with this decision, the petitioner may seek a judicial review. To begin the judicial review, the petitioner must file one copy of a "Notice of Appeal" with the Agency Clerk, Office of Legal Services, Bldg. 2, Rm. 204, 1317 Winewood Blvd., Tallahassee, FL 32399-0700. The petitioner must also file another copy of the "Notice of Appeal" with the appropriate District Court of Appeal. The Notices must be filed within thirty (30) days of the date stamped on the first page of the final order. The petitioner must either pay the court fees required by law or seek an order of indigency to waive those fees. The petitioner is responsible for any financial obligations incurred as the Department has no funds to assist in this review.

DONE and ORDERED this 09 day of February, 2016,  
in Tallahassee, Florida.



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Christiana Gopaul-Narine  
Hearing Officer  
Building 5, Room 255  
1317 Winewood Boulevard  
Tallahassee, FL 32399-0700  
Office: 850-488-1429  
Fax: 850-487-0662  
Email: Appeal.Hearings@myflfamilies.com

Copies Furnished To: [REDACTED] Petitioner  
Office of Economic Self Sufficiency