



Georgia Benefits
Support

GEORGIA · PRINTABLE TOOLKIT

Denied Benefits Appeal Toolkit

A calm, practical plan for protecting deadlines, organizing evidence, and preparing to challenge an SSI, SSDI, Medicaid, SNAP, or TANF decision.

Start here

Find the deadline on your notice. File the appeal before the deadline, even if you are still gathering records. Keep proof that the agency received it.

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Clarity. Compassion. Results.

Your first 48 hours protect your options

A denial is not the same as the end of the case. Your first job is not to prove everything. It is to preserve the right to review.

- 1 Save the entire notice. Keep every page and envelope. Write the date you actually received it.
- 2 Find the action. Is the agency denying an application, reducing an amount, stopping an existing benefit, or denying a service?
- 3 Circle every deadline. Look for both the appeal deadline and any earlier deadline to keep benefits or services going during the appeal.
- 4 File the request. Use the method listed on the notice. A short timely request is better than a perfect late one.
- 5 Save proof. Keep the online confirmation, fax report, stamped copy, certified-mail receipt, or name and reference number from a call.
- 6 Build the record. Request the case file, identify the agency's reason, and collect evidence that addresses that reason.

Do not rely on a general deadline when your notice gives a different one. Service denials, managed-care appeals, benefit cessations, and continued-benefit requests can follow special or shorter rules. The notice for your case controls.

Make one appeal folder

- Decision notice and envelope
- Appeal request and receipt
- Application or renewal copy
- Evidence submitted
- Call and contact log
- Hearing notices and orders

If the deadline may have passed

File immediately and explain in writing why the request is late. Ask whether the agency can accept a late appeal for good cause. Do not assume it will be accepted.

Examples may include delayed notice delivery, serious illness, hospitalization, or misleading information, but the agency decides.

This toolkit is educational, not legal advice. Georgia Benefits Support is independent and does not determine eligibility or guarantee an outcome. Information reviewed October 2026. Confirm current instructions with your notice and the agency.

Know which clock applies

Program / decision	General request deadline	What to do now
SSA: SSI or SSDI	60 days after receipt of the notice. SSA generally presumes receipt 5 days after the notice date unless shown otherwise.	Request the next appeal level. File early; do not treat "60 + 5" as a reason to wait.
Georgia SNAP	90 days from the notice date under current DFCS Form 508.	Request a fair hearing through the method on the notice; ask specifically about continued benefits if benefits are being reduced or stopped.
Georgia Medicaid eligibility	30 days from the notice date under current DFCS Form 508.	Request a fair hearing. If coverage is ending, check for a shorter continuation deadline.
Georgia TANF	30 days from the notice date under current DFCS Form 508.	Request a fair hearing and ask whether assistance can continue pending review.
Medicaid service / CMO	Varies by plan and action.	Follow the managed-care organization's notice. It may require an internal appeal before a state fair hearing.

Continuation of benefits may require much faster action. The notice may require a request by the effective date or within a short number of days. Continued benefits can sometimes create repayment risk if the final decision is unfavorable. Ask the agency or legal aid what applies before choosing.

My deadline calculation

NOTICE DATE:DATE RECEIVED:

APPEAL DEADLINE PRINTED ON NOTICE:EARLIER CONTINUATION DEADLINE:

METHOD / DESTINATION:DATE I WILL FILE:

Official references: SSA appeals notice language · Georgia DFCS Form 508 (Rev. 10/2024)

Read the notice in six passes

1 Program

SSI, SSDI, Medicaid, PeachCare, SNAP, TANF, or a managed-care service?

2 Action

Denied, reduced, terminated, suspended, overpaid, or service not authorized?

3 Reason

Medical, financial, procedural, missing verification, or failure to cooperate?

4 Evidence used

Which records, dates, income, household facts, or policy did the agency rely on?

5 Effective date

When will coverage, cash, food assistance, or a service change?

6 Appeal rights

Deadline, filing method, appeal level, representation, and continuation rights.

My notice, in plain language

THE AGENCY DECIDED TO:

THE AGENCY SAYS THIS BECAUSE:

I DISAGREE BECAUSE:

THE EVIDENCE OR FACT THAT COULD CHANGE THE DECISION IS:

Match the denial reason to the next proof

Denial says	Check for
Missing information	Proof it was sent; a new copy; why it was unavailable; whether the agency asked clearly and on time.
Income or resources too high	Correct pay period; deductions; household size; excluded resources; ownership; current rather than old information.
Not disabled / not severe enough	Treatment records; objective findings; symptoms; side effects; functional limits; attendance and reliability problems.
Service not medically necessary	Provider order; treatment plan; prior therapies; risk without service; plan criteria; less restrictive alternatives tried.

Move to the next SSA review level

1 Reconsideration

A different reviewer examines the original evidence and any new evidence.

2 Administrative Law Judge hearing

A judge reviews the record, takes testimony, and may hear from medical or vocational experts.

3 Appeals Council review

The Council may deny review, decide the case, or send it back for further action.

4 Federal district court

A civil lawsuit challenges the final agency action. Legal representation is strongly recommended.

SSA deadline

Generally request the next level within 60 days after receiving the decision. SSA generally assumes you received the notice 5 days after its date unless you show otherwise.

For a medical disability denial

- File the appeal online or use the method and forms identified by SSA.
- Update every provider, medication, test, emergency visit, hospital stay, and treatment date.
- Describe changes in symptoms and daily functioning since the last report.
- Correct incomplete or inaccurate work history and job demands.
- Attend any consultative examination or hearing; report barriers immediately.
- Keep copies and a receipt for every submission.

For a non-medical SSI or SSDI decision

Identify the exact calculation or eligibility fact in dispute: income, resources, living arrangement, work activity, overpayment amount, relationship, or filing date. Gather records that cover the same period used in the decision.

Appeal versus reapply

An appeal may protect the original filing date. A new application usually starts a new claim and does not automatically fix the earlier denial. Get case-specific advice before abandoning an appeal.

Official SSA resources: Appeal a decision we made · Form SSA-561 and reconsideration guidance · SSA: 1-800-772-1213; TTY 1-800-325-0778.

Make the limits visible in the record

A diagnosis names the condition. Strong evidence explains what the condition keeps you from doing reliably, repeatedly, and safely.

Medical evidence

- Office and therapy notes
- Imaging and lab results
- Hospital and emergency records
- Medication history and side effects
- Assistive devices and prescriptions
- Provider opinion tied to findings

Functional evidence

- Sitting, standing, walking, lifting
- Using hands, reaching, bending
- Concentration and pace
- Following instructions and adapting
- Interacting with others
- Absences, breaks, and recovery time

Use concrete comparisons

Too general	More useful detail
"I cannot sit long."	"After about 15 minutes, pain makes me stand or recline for 10 minutes; this happens throughout the day."
"I forget things."	"I miss steps in a three-step task unless directions are written and repeated."
"I have bad days."	"Three or four days a week, symptoms keep me in bed until noon and I cancel appointments about twice a month."
"Medication affects me."	"Within an hour of the dose, I become drowsy and cannot drive or safely use the stove for two to three hours."

Provider evidence request

Ask the provider to address the limits they can support from treatment. A useful statement explains:

- diagnoses and objective findings;
- symptoms, treatment, response, and side effects;
- specific physical or mental limitations;
- likely frequency of breaks, absences, or off-task time, if medically supportable;
- expected duration of the limitations; and
- the clinical basis for each opinion.

Consistency matters

Forms, testimony, treatment notes, and daily activities should describe the same real-world pattern.

Ask DFCS for a fair hearing

Georgia's current rights-and-responsibilities materials say a fair hearing may be requested in writing or in person, including through the county office, by calling 1-877-423-4746, or by uploading a written request through Georgia Gateway. Follow the exact instructions on your notice.

SNAP	Medicaid	TANF
90 days	30 days	30 days
from the notice date under current Form 508.	from the notice date under current Form 508.	from the notice date under current Form 508.

Put these facts in the request

- Your name and the name of the person whose benefit is affected.
- Case number or client ID, if available. Do not put it in ordinary email unless the notice directs you to a secure method.
- Program and notice date.
- A clear statement: "I request a fair hearing because I disagree with this decision."
- A short reason, if known. You can say the decision is factually or legally incorrect and provide detail later.
- A request for continued benefits, if desired and allowed, plus confirmation of any repayment risk.
- Preferred language, interpreter, disability accommodation, and representative, if needed.

Managed-care service denial?

The care management organization (CMO) may require its own appeal before a state fair hearing. Use the deadlines, destination, and continuation instructions in the CMO notice. Eligibility appeals and medical-service appeals are not always routed the same way.

You may have a representative

Current DFCS materials say you may be represented by legal counsel, a household member, relative, friend, or another spokesperson.

Official Georgia resources: DFCS Form 508 · DFCS Form 297A: Rights and Responsibilities · Georgia Gateway

Build one clear theory of the case

The agency decided ___ because it believed ___. That is wrong because ___, and the documents showing this are ___.

Before the hearing

- ☐ Read the notice and appeal instructions again.
- ☐ Request or review the case file and evidence list.
- ☐ Write the disputed facts and policy questions.
- ☐ Number exhibits and make an index.
- ☐ Submit evidence by the stated deadline and method.
- ☐ Confirm date, time, format, phone, and interpreter.
- ☐ Arrange witnesses and representation.

During the hearing

- ☐ Answer the question asked.
- ☐ Use dates, amounts, and examples.
- ☐ Say when you do not understand.
- ☐ Refer to the exhibit number.
- ☐ Correct inaccurate testimony calmly.
- ☐ Explain missing evidence and ask how to submit it.
- ☐ Take notes on next steps and deadlines.

Organize exhibits around the issue

Exhibit	Document	What it proves
A	Decision notice	The action, reason, effective date, and appeal rights.
B	Application / renewal / prior authorization	What was requested and what information was provided.
C	Verification or medical evidence	The fact or need the agency says was missing or insufficient.
D	Submission receipt or contact log	When and how information was delivered or requested.
E	Witness statement	Firsthand facts relevant to the disputed issue.

MY ONE-SENTENCE CASE THEORY:

THE RESULT I AM ASKING FOR:

QUESTIONS I NEED ANSWERED BEFORE THE HEARING:

Short appeal request

Use this to preserve a deadline. Copy the filing destination and required method from the notice. Do not send personal identifiers through an unsecured channel unless the agency specifically directs you to do so.

Date: _____

To: _____

Re: Appeal / fair hearing request for: _____

:

Program: _____

Notice date: _____

I request an appeal and/or fair hearing regarding the decision in the notice dated _____. I disagree with the decision to:

I believe the decision is incorrect because:

I will submit additional evidence as it becomes available. Please send written confirmation that this request was received and tell me how to obtain or review the case record.

- ☐ I ask that benefits or services continue during the appeal, if permitted. Please tell me whether continued benefits could have to be repaid if the final decision is unfavorable.
- ☐ I need an interpreter in: _____
- ☐ I need this disability-related accommodation: _____
- ☐ My representative is: _____

Signature: _____

Date: _____

Phone / safe contact: _____

For Social Security

Use SSA's online appeal process or the form and method SSA identifies for your decision. This general letter does not replace any required SSA form.

Track what proves each point

Issue to prove	Document / witness	Requested	Received	Submitted + proof

Medical providers

PROVIDER / SPECIALTY:

DATES TREATED:

RECORDS REQUESTED / SENT:

FOLLOW-UP NEEDED:

Income / household proof

- ☐ Pay stubs or employer statement
- ☐ Bank records for correct period
- ☐ Lease and utility responsibility
- ☐ Household composition proof
- ☐ Child support paid or received
- ☐ Medical or dependent-care costs
- ☐ Resource ownership / exclusion proof

Privacy tip

Keep unredacted records in the case file you control. Share them only through the agency's stated secure method or with a representative you have chosen.

Create a paper trail

Date / time	Agency / person	Method	What happened	Confirmation / next step

Submission receipt checklist

- ☐ Online confirmation saved
- ☐ Screenshot or PDF downloaded
- ☐ Fax confirmation attached
- ☐ Stamped office copy saved
- ☐ Mail tracking / receipt saved
- ☐ Phone reference number logged

Upcoming dates

EVIDENCE DUE:

PREHEARING CONFERENCE:

HEARING DATE / TIME:

EXPECTED DECISION / FOLLOW-UP:

Use official help and ask early

Social Security Administration

1-800-772-1213 · TTY 1-800-325-0778

Ask about the correct appeal level, filing method, case record, and any continuation rights stated in your notice.

Georgia DFCS / DHS

1-877-423-4746 · Georgia Relay 711

Current DFCS materials identify the call center, county office, and Georgia Gateway as hearing-request routes. Use the route listed on your notice and save proof.

Free or reduced-cost civil legal help

Georgia Legal Services Program: statewide intake 833-457-7529 for people outside the five-county metro Atlanta service area, subject to eligibility and case acceptance.

Atlanta Legal Aid Society: county-specific intake for Clayton/South Fulton, Cobb, DeKalb, Fulton, and Gwinnett. Numbers are listed in the official statewide legal-resources document below.

Georgia Senior Legal Aid: 404-389-9992 for Georgians age 60 and older.

Official sources

- SSA: Appeal a decision we made
- SSA: Form SSA-561, Request for Reconsideration
- Georgia DFCS Form 508 (Rev. 10/2024): fair-hearing rights and deadlines
- Georgia DFCS Form 297A: rights and responsibilities
- Georgia Division of Aging Services: Legal Resources in Georgia

Important

This toolkit offers general education and organization tools. It is not legal advice, does not create a representative relationship, and cannot account for every program, notice, or fact pattern. Deadlines and procedures can change. Confirm the instructions and effective date in your notice. If health, housing, food access, or an existing benefit is at immediate risk, contact the agency and legal aid promptly.



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Independent Benefits Navigation for Georgia Families
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