



Rhode Island Low-Income Home Energy Assistance Program (LIHEAP)

First Appeal Request Form

Appeal Process

- Submit this First Appeal form within fifteen (15) business days of receiving a denial letter. Failure to do so will result in automatic denial, and such denial will be final.
- The Community Action Agency will issue a decision on your First Appeal within five (5) business days of the hearing.
- If the First Appeal decision is unsatisfactory, a Second Appeal request must be made within fifteen (15) business days of receiving the First Appeal decision. Failure to do so will result in automatic denial.
- The decision for the Second Appeal will be provided within five (5) business days of the hearing.

Applicant Appeal Rights

- You may bring a representative, interpreter, witnesses, and submit oral or written evidence at the hearing.
- You have the right to a hearing at the original Community Action Agency to which you applied.
- The hearing must be conducted by someone who was not involved in the original denial decision.

Request for a First Appeal

I am requesting a First Appeal with the following community action agency:

I believe my application for **Heating Assistance** was **wrongfully denied** for the following reason(s):

Please describe reason for appeal:

Applicant Name:

Address:

Phone Number:

Signature of Requesting Applicant:

Please return this completed First Appeal Request form to:

Community Action Agency:

Mailing Address: