

Appendix 5a ■ Request for State Hearing Form

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

I am requesting a State Hearing because of an action by the Multipurpose Senior Services Program, related to the following:

Discontinuance

Denial

Reduction

The reason for my request is:

REQUEST FOR SPECIAL ACCOMMODATION (If Applicable)

I am requesting the hearing be conducted:

By telephone because:

I am homebound.

I live more than _____ hours from the MSSP or county Social Services office.

In my home because: _____

I speak a language other than English and need an interpreter for my hearing. (The state will provide the interpreter at no cost to you.)

Language: _____ Dialect: _____

The information you provide on this form is needed to process your request for a hearing. Processing may be delayed if your request is incomplete. A case file will be set up by the Chief Referee. You have a right to examine the materials that make up the file and may do so by contacting Public Inquiry and Response. Any information you provide may be shared with the MSSP office and with the U.S. Department of Health and Human Services.