Request for a State Fair Hearing Form

Name: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Do we have your permission to communicate with you by email?

☐ Yes ☐ No

Please provide your Medi-Cal BIC Card Number and/or Social Security Number if you have one: _____

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

☐ Discontinuance ☐ Denial ☐ Reduction

The reason for my request is:

_____
_____
_____
_____
_____
_____
_____
_____
_____

(If you need more space, use another piece of paper and attach it to this one.)

Name of MSSP site:

_____

I have appealed the case to the MSSP site: ☐ No ☐ Yes
On what date? _____

The MSSP site gave an answer to the appeal: ☐ No ☐ Yes
On what date? _____

REQUEST FOR SPECIAL ACCOMMODATION

(Complete this section only if it applies to you)
I need these for my hearing:

☐ **I need an Expedited Hearing because my situation is urgent.** My case must be decided very quickly, and I cannot wait for up to 90 days. This is what will happen without a quick decision:

☐ **Continued Services/Aid Paid Pending: Please continue my services** until the Judge decides my case. (Describe the services that you want to continue and say what date the MSSP site stopped them or is planning to stop them):

☐ **I want a Free Interpreter.** 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: _____

☐ **I have a disability and want a reasonable accommodation** to help me participate in my hearing. The accommodation(s) I want is:

☐ **I want someone else to speak for me (represent me) at the hearing.** She/he can see my medical records that relate to this hearing and come to the hearing. The person I have chosen to speak for me is:

Name: _____ Phone Number: _____

Address: _____

My signature: _____ Date: _____

SEND THIS FORM WITH A COPY OF THE LETTER (NOTICE OF ACTION) YOU RECEIVED FROM THE MSSP SITE IF YOU HAVE IT. (IF YOU WANT A COPY OF THIS FORM FOR YOURSELF, COPY IT BEFORE YOU SEND IT.)

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.