

FAIR HEARING REQUEST**DS 1805 (Rev. 1/2007)**

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Name of Person for Whom Hearing is Requested: <i>(Claimant)</i>	Date of Birth:	Medicaid Home and Community Based Services Waiver Participant? <i>(Check one)</i>
Address:	Daytime Telephone Number:	
Name of Regional Center or State Developmental Center:		

A State level fair hearing will be scheduled. In an effort to resolve this matter prior to a fair hearing, I am also requesting the following: *(Check all that apply)*

An informal meeting with the regional center's or state developmental center's director, or his/her designee.

Mediation with a neutral, independent mediator who will assist in reaching an agreement.

Reason(s) for requesting a fair hearing:

Describe what is needed to resolve your complaint:

Requester's Name If Not the Claimant:	Relationship to Claimant:
Address:	Daytime Telephone Number:

Requester's
Signature  Date of Request _____

Are the services of an interpreter required? No Yes If yes, what language _____

REPRESENTATIVE AUTHORIZATION

I authorize the following person (Name) _____

(Address) _____ (Daytime Telephone Number) _____

to represent me, the claimant, in this matter.

Claimant's/Area Board's

Signature  Date _____

DATES NOT AVAILABLE

I am not available during the following hours or days. (When identifying hours/days you will not be available, please keep in mind that an informal meeting will be held within 10 days, mediation within 30 days, and the fair hearing within 50 days after the receipt of your request.)

Signature of Claimant or
Authorized Representative 

(Attach copy of Notice of Proposed Action. See page 2 for Appeal Rights and Instructions)

APPEAL RIGHTS

1. You may have a person or agency appointed by the local area board as your representative to assist you in the fair hearing process.
2. You have the right to a fair hearing.
3. You have the right to be present in all proceedings and to present written and oral evidence.
4. You have the right to confront and cross-examine witnesses.
5. You have the right to appear in person with counsel or other representatives of your own choosing.
6. You or your authorized representative have the right to access and examine records prior to any meeting or hearing.
7. You have the right to an interpreter.
8. You have the right to information on the availability of advocacy assistance, including referral to the clients' rights advocate, area board, publicly funded legal services, corporations, and other publicly or privately funded advocacy organizations, including the protection and advocacy system required under federal Public Law 95-602.
9. You have the right to an informal meeting with the regional center or state developmental center director or the director's designee within 10 days of the date the hearing request form is received, by the regional center or state developmental center. Notification, in writing, of the proposed date, time and place for an informal meeting shall be provided by the regional center or state developmental center director or the director's designee.
10. You have the right to request voluntary mediation prior to a fair hearing.
11. **You have the right to proceed directly to a fair hearing without participating in an informal meeting or voluntary mediation.**

INSTRUCTIONS

1. If you, or your authorized representative, are dissatisfied with any decision or action of the regional center or state developmental center which you or your authorized representative believe to be illegal, discriminatory, or not in your best interests, you or your authorized representative may use this form to request a fair hearing, along with an informal meeting with the regional center or state developmental center director, or his/her designee, and/or a mediation conference, if desired.
2. Within 30 days after notification of the decision or action complained of, the request form must be directed to the director of the regional center or state developmental center responsible for the action. The regional center or state developmental center will fax your request for fair hearing to the department and the director of the Office of Administrative Hearings, or his or her designee, within five working days of the regional center or state developmental center director's receipt of the request.
3. If you are currently receiving services and the reason for the appeal is the reduction or termination of services by the regional center or state developmental center, you must return this form to the regional center or state developmental center within 10 days after receipt of the notice of the proposed action in order to continue receiving those services during the fair hearing process.
4. If you do not have, or do not wish to have, an authorized representative, do not complete that portion of the form.
5. If you require the services of an interpreter, please check the appropriate box and provide an explanation of your interpreter needs.
6. If there is a particular time and/or day that you are not available, it is important that you specify that time or day in the space provided on the form. This is for your benefit, so that a time and day convenient to you can be scheduled for your informal meeting, mediation conference, and/or fair hearing.
7. **If you need help completing this form, contact your service coordinator or the Clients' Rights Advocate.**