

Fair Hearing Request Sample Form

[DATE]

Human Services Board

14-16 Baldwin Street, 2nd Floor
Montpelier, VT 05633-4302

Dear Human Services Board:

I do not agree with how Pathways Vermont resolved my appeal about [DESCRIBE WHAT SERVICE WILL BE OR HAS BEEN DENIED, REDUCED, OR SUSPENDED BY PATHWAYS VERMONT].

[TELL THE REASONS YOU DO NOT AGREE IT WAS THE RIGHT DECISION REGARDING YOUR SERVICES].

Additional comments [IF DMH DID AN INTERNAL REVIEW AND MADE THE SAME DECISION AS PATHWAYS VERMONT OR YOU DO NOT THINK THE PROCESS WORKED WELL]:

I received the decision on [DATE YOU WERE NOTIFIED BY PATHWAYS VERMONT AND/OR DMH].

- *You should make your request within 120 days of the Pathways Vermont appeal decision. If your appeal was made within a timely manner of the original notice, your services will not be changed until a Fair Hearing decision is made.*

I would like a FAIR HEARING with the Human Services Board.

- *DMH will automatically begin an internal review with Pathways Vermont if a Fair Hearing is requested. DMH will work with you and Pathways Vermont to resolve the disagreement regarding your services before going to Fair Hearing*

Sincerely,

[SERVICE RECIPIENT NAME]