

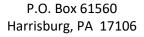
## **Request for a Fair Hearing Form**

**⇒** Before you fill out this form, please call PA IEB at **1-877-550-4227**. We may have an update on your "Eligibility Determination" notice.

| Application Date   |                                |               |
|--|--------------------------------|---------------|
| applied for Home and Community Based Waive have a right to receive a decision within <b>90 day</b> s am asking for a fair hearing because I did not re | s on whether I qualify for wai | ver services. |
| Your Information   |                                |               |
| Name   |                                |               |
| Address  |                                |               |
| City   | State                          | ZIP Code      |
| Phone Number   |                                |               |
| Birth Date (month/year)  | Social Security Number         |               |
| Medical Assistance Number (if you have one)  |                                |               |
| Birth Date (month/year)  Medical Assistance Number (if you have one)   | Social Security Number         |               |

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Call us toll free at 1-877-550-4227 (TTY: 1-877-824-9346)



Send a fax to 1-888-349-0264



Email us at paieb@maximus.com



| ype of Hearing   |
|--|
| want this type of hearing (check one):   |
| ☐ Telephone Hearing Please call me at this phone number:   |
| ☐ Face-To-Face Hearing A hearing will be held in one of these places: Erie, Harrisburg, Philadelphia, Pittsburgh, Plymouth or Reading. |
| Ve will send you the date, time and place of your hearing once it is scheduled.  |
| accommodations   |
| accommodations include requests for a language or sign language interpreter or ommunication devices.                                   |
| need these accommodations to attend or take part in the fair hearing:  |

## **Right to Information**

Before the scheduled hearing takes place, you or your representative have the right to see all information PA IEB will use as evidence at the hearing. If you would like to see the information, write to us at the address below, or call us at **1-877-550-4227**.

## Mail this Form to:

PA Independent Enrollment Broker P.O. Box 61560 Harrisburg, PA 17106



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