



## 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

I applied for Home and Community Based Waiver Services on \_\_\_\_\_ (date).  
I have a right to receive a decision within **90 days** on whether I qualify for waiver services.  
I am asking for a fair hearing because I did not receive a decision within 90 days.

### Your Information

Name		
Address		
City	State	ZIP Code
Phone Number		
Birth Date (month/year)	Social Security Number	
Medical Assistance Number (if you have one)		

*More on the back ▶▶▶*



P.O. Box 61560  
Harrisburg, PA 17106



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



## Type of Hearing

I 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.

We 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 communication devices.

I need these accommodations to attend or take part in the fair hearing:

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## 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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Harrisburg, PA 17106



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