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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-00236A (01/2021) |  | **STATE OF WISCONSIN**Wisconsin Statutes§ 46.287(2)(c) |
| **request for a state fair hearing****Aging and Disability Resource Center (ADRC)** |
| **SECTION A – REQUIRED** |
| Completion of this form is voluntary. The personally identifiable information collected on this form is used to identify case and process your request. It will only be used for that purpose. |
| Name – Customer | Phone Number | Medicaid ID Number |
|       |       |       |
| Mailing Address | City | State | Zip |
|       |       | WI |       |
| Name of ADRC       |
| Today’s Date      | Effective Date of Adverse Benefit Determination      |
| **SECTION B – REQUIRED** |
| Fair hearing request is related to: |
| [ ]  Functional eligibility – ineligible[ ]  Functional eligibility – non-nursing home [ ]  Functional eligibility – ineligible for IRIS only[ ]  Disagree with medical/remedial expenses[ ]  Delay in eligibility determination |
| Briefly Describe Reason for Hearing Request |
|       |
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| **SECTION C – REQUIRED** |
| You have a right to free copies of your records including but not limited to medical records relevant to your appeal. To request copies contact the ADRC. |
|  |  |  |  |  |
|  | **SIGNATURE** – Customer |  | Date Signed |  |
| Mail or fax this form **AND** a copy of the Notice of Action or decision letter to:Request for Fair Hearingc/o Division of Hearings and AppealsPO Box 7875Madison, WI 53707-7875Fax: 608-264-9885Your ADRC provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats. Contact your ADRC if you need information written in other languages.  |