Commonwealth Of Virginia
Department for Aging and Rehabilitative Services

To Department for Aging and Rehabilitative Services
9960 Mayland Drive
Suite 200
Richmond, Virginia 23233
Attn: Control

804-527-4524 (FAX)

County/City
Case Number
Name
Address
City, State, Zip

Appeal to Department for Aging and Rehabilitative Services: Home-based Services and Adult Foster Care

Appeal requests must be received within 30 days of written notice of the local department's decision. All appeal requests must meet appropriate deadlines as required by law.

My appeal is in regard to the following:

- ☐ Home Based Care Services for Adults (homemaker, chore, or companion)
- ☐ Adult Foster Care Services
- ☐ Failure to make a decision about my home-based care services or adult foster care services within a reasonable time

Attention:
I hereby request a review of the (proposed) action of the Department of Social Services in the County/City of: _____
for the reason(s) checked below:

☐ Refusal to take my application for services	☐ Declaring me ineligible for services	☐ Canceling/terminating my services
☐ Suspending services	☐ Failure to make a decision on my application for assistance Application was made on: _____ Date	
☐ Failure to take action on my request for an increase my services which was made on: _____ Date	☐ Decreasing my services _____ From_____ days/hours to _____ days/hours	

☐ Other (explain) _____

I believe I am eligible for services or an increase in services because:

_____

_____

I understand that any assistance received until a hearing decision is given must be repaid to the local department if the hearing decision supports the action being proposed by the local department.

I wish my services to continue until a hearing decision is rendered: ☐ Yes ☐ No
YOUR APPEAL MUST BE RECEIVED WITHIN 10 DAYS OF THE NOTICE OF ACTION FOR SERVICES TO CONTINUE

I received a written notice from the Local Department of Social Services on (date)	Name/Address/Telephone of Claimant's Legal Representative (if selected)
Claimant Signature	Date

CASE CODE 35
CASE TYPE APA