

**Vermont Human Services Board
Request for a Fair Hearing**

To:	Human Services Board 6 Baldwin Street, Suite 305 Montpelier, VT 05633-4302
From:	
Date:	

The following individual requests a Fair Hearing:

Name and last 4 digits of SSN of Petitioner:	
Address:	
Telephone #:	
Email address:	
Program:	<i>(i.e. 3SquaresVT, Medicaid, Choices for Care, Reach Up, Mental Health, Substantiation, etc.)</i>
Department:	<i>(i.e., DCF, Disabilities, Aging and Independent Living, Dept of VT Health Access, etc.)</i>
Action:	<i>What happened? (denial, termination, delay)</i>
Reason:	<i>Why? (denied due to too much income)</i>
Petitioner's Representative(s):	