

**Vermont Human Services Board**

6 Baldwin Street, Suite 305  
Montpelier, VT 05633-4302

**Email address:**  
[contact.hsb@vermont.gov](mailto:contact.hsb@vermont.gov)

**Tel:** (802) 828-2536  
**Fax:** (802) 828-3068

## Fair Hearing Request Form

**Date:**

**Pronoun(s):** Optional:

**Petitioner's Name:**

**Physical Address:**

**Mailing Address (if different):**

**Telephone #:**

**Email address:**

**Email Consent:** Email consent allows the parties (petitioner and Department) and Human Services Board to communicate with each other through email.

Check one: Yes  No

**Program:** (i.e. 3SquaresVT, Medicaid, Choices for Care, Reach Up, Mental Health, Substantiation, etc.)

**Department:** (i.e., DCF, Disabilities, Aging and Independent Living, Dept of VT Health Access, etc.)

**Action | What happened?** (i.e. denial, termination, reduction, delay)

**Reason | Why?** (i.e. denied due to too much income)

### Petitioner's Representative(s)

---

**Pronouns** (Optional):

**Name(s):**

**Mailing Address:**

**Telephone #:**

**Email address:**

**Email Consent:** Email consent allows the parties (petitioner's representative and Department) and Human Services Board to communicate with each other through email.

**Check one:** Yes  No