

To:	Human Services Board 14-16 Baldwin Street, 2nd. Floor Montpelier, VT 05633-4302
From:	
Date:	

The following individual requests a Fair Hearing:

Name and Social Security # of Petitioner:	
Address:	
Telephone Number:	
Program:	<i>i.e. Food Stamps, Medicaid, Mental Health, Office of Child Support</i>
Action:	<i>What happened? (denial, termination, delay)</i>
Reason:	<i>Why? (denied due to too much income)</i>
Petitioner's Representative(s):	