DISTRICT OF COLUMBIA
OFFICE OF ADMINISTRATIVE HEARINGS
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WASHINGTON, DC 20001-2714
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Request to Appeal a Disability Services Decision or Action

Use this form if you want a hearing before an Administrative Law Judge because you disagree with a decision, action, or inaction by the Department on Disability Services (DDS) or a DDS provider. ***Attach a copy of the decision if you have one****.*

Section 1 – Contact Information

Print Your Name:	Your Mailing Address:
Your Telephone:	
Your Email Address (*if any*): ☐ I consent to receive documents by email only	Your Ward (*if you know*):
If you have a representative for this case or if you have a case manager (check which apply): ☐ Non-Attorney Representative ☐ Attorney ☐ Case Manager	
Name of Representative or Case Manager:	Address of Representative or Case Manager:
Telephone:	
Email Address: ☐ Consents to receive documents by email only	Agency (*if any*):

Section 2 – Why do you need a hearing?

Check all the boxes that apply in your case:

☐ My program supports or services (such as Vocational Rehabilitation or Medicaid Waiver services) have been **denied** or **delayed**.

☐ My program supports or services have been or will be **reduced** or **terminated**.

Date of reduction or termination: _____

☐ I have a problem with **DDS's** policies, procedures, or practices.

☐ I have a problem with a **provider's** policies, procedures, or practices.

☐ Other (please explain): _____

(see reverse)

Section 3 – Benefits Information

Program or Service Name: _____

The program or service is under DDS's:

☐ Rehabilitation Services Administration (RSA), or

☐ Developmental Disabilities Administration (DDA)

In the space below, give the reason(s) you disagree with DDS's action(s) and what you want the judge to do. Use an additional page if needed.

Section 4 – Language Access

Do you need OAH to provide an interpreter to help you participate in the hearing?

☐ YES ☐ NO

If YES, what language do you need? _____

Section 5 – Reasonable Accommodation

Do you need a reasonable accommodation to help you participate in the hearing?

☐ YES ☐ NO

If YES, please explain: _____

Section 6 – Who Prepared the Hearing Request?

Signature of the person who prepared the hearing request (unless the request was by phone):

_____	_____	_____
Signature	Print Name	Date

Email, telephone, mailing address of person who prepared hearing request (if not printed above):

_____

_____

Do not fill out this box. The OAH Clerk's Office will fill it out.
Received by_____ Date:_____