

REQUEST for an ADMINISTRATIVE HEARING INSTRUCTIONS

Use this form to request an administrative hearing. An administrative hearing is an impartial review of a decision made by the Michigan Department of Community Health (or one of its contracted agencies) that the appellant (beneficiary, resident, patient, consumer, or responsible party) believes is inappropriate.

AUTHORIZED HEARING REPRESENTATIVE:

You may choose to have another person represent you at a hearing.

This person can be anyone you choose.

This person may request a hearing for you.

This person may also represent you at the hearing.

You **MUST** give this person written permission to represent you. You may provide a letter or a copy of a court order naming this person as your guardian or conservator.

You **DO NOT** need any written permission if this person is your spouse or attorney.

GENERAL INSTRUCTIONS:

Read ALL Instructions FIRST, then remove this instruction sheet before completing the form.

Complete **Sections 1 and 2 ONLY**. Do **NOT** complete Section 3.

Please use a PEN and PRINT FIRMLY.

Save a copy with the Instruction Sheet for your records.

If you have any questions, please call toll free **(877) 833 - 0870**.

After you complete this form, mail it in the enclosed postage paid envelope to:

**ADMINISTRATIVE TRIBUNAL
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PO BOX 30195
LANSING MI 48909**

IMPORTANT:

After the Administrative Tribunal receives your request for a hearing, your hearing will be scheduled and a notice will be mailed to you and/or your representative within **30 days**.

Authority: Completion:	MCL 330.114; MCL 333.5451; MCL 400.9; Executive Order No. 1996-1; Executive Order No. 1996-4; 42 CFR 431.200; 7CFR 246.18; MAC R 325.910, <i>et.seq.</i> ; MAC R 330.4011; MAC R 330.5011; MAC R 330.8005, <i>et.seq.</i> ; MAC R 400.3401, <i>et.seq.</i> ; and relevant Interagency Agreements. Is Voluntary, but if NOT completed, a hearing will not take place.
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The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to the Department.

If you do not understand this, call the Department of Community Health. Si Ud. no entiende esto, llame a la oficina del Departamento de Salud Comunitaria.	(877) 833 - 0870
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