



**OFFICE OF MEDICAID
BOARD OF HEARINGS
REQUEST FOR REASONABLE ACCOMMODATION**

OFFICE OF MEDICAID
BOARD OF HEARINGS
100 HANCOCK STREET, 6th FLOOR
QUINCY, MA 02171
TEL: (617) 847-1200
TDD/TTY: (800) 497-4648

INSTRUCTIONS: If you have a disability, you can request a reasonable accommodation to give you better access to the Board of Hearings. Please fill out this form to give us the information we need to process your request. Our policy is to process all reasonable accommodation requests within five days after receiving them.

Date of Request:

I wish to request a reasonable accommodation:

Name: _____

Phone: _____ Email: _____

Address: _____
(Street) (City) (State) (ZIP)

- Appellant Attorney/Legal Staff Appellant Representative Witness
 Other Status (specify)

Hearing Location/Format: _____

Date of Hearing: _____ Case Name and Appeal Number: _____

TYPE OF ACCOMMODATION REQUESTED

- Access: physical access to parking lots / entrances / restrooms / elevators / hearing rooms
 Issue-Related:

I need the following reasonable accommodations:

- Large Print Digital Audio Reading Sign Language Interpreter
 CART (Communication Access Real-time Translation) Assistive Listening Devices
 Other (please specify)

Date Needed: _____ Time Needed: _____

Disability Requiring Accommodation: _____

Signature of Requestor or Person Completing the Form _____ Relationship to Requestor _____
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AT LEAST TWO WEEKS BEFORE YOUR HEARING, submit this form to ADA Coordinator,
Office of Medicaid Board of Hearings, 100 Hancock Street, 6th Floor, Quincy, MA 02171,
or fax it to us at (617) 887-8797.