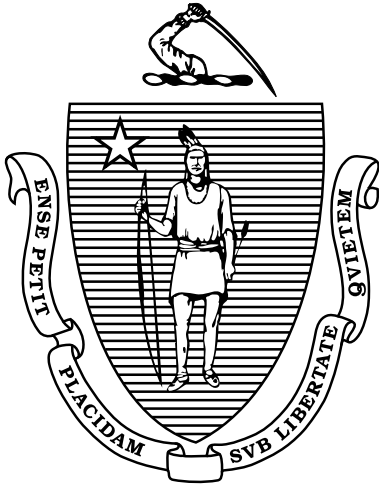


**OFFICE OF MEDICAID
BOARD OF HEARINGS**

**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 _____

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.