Office of Medicaid Board of Hearings  
100 Hancock Street, 6th Floor  
Quincy, MA 02171   
Tel: (617) 847-1200  
TDD/TTY: (800) 497-4648

Office of Medicaid   
Board of Hearings   
Request for Reasonable Accommodation

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.

I wish to request a reasonable accommodation:  
Date of Request:

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.

BOH-RA-0523