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