MassAbility
Career Services – Appeals Form

Completion of this form is required to submit an appeal to the MassAbility Career Services program. Once complete, please submit to the Appeals Coordinator at MBY-Ombudsperson@mass.gov. Questions about the appeals process can be emailed to the Appeals Coordinator.

Date:

Participant Information
Name:
Address:
Telephone:
Email Address:

Career Services Information
Career Services Office: Select One
Career Services Counselor Name:

Appeal Description: Please describe the MassAbility decision you are appealing (e.g., ineligibility or denial, suspension, reduction or termination of service), as well as what changes you are seeking

Date of Agency Decision:

Appeal Options
Appeal options include Administrative Review, Mediation, and Fair Hearings. Because most issues can be resolved quickly through the Administrative Review process, most individuals select this option first. Please select which appeal option you would like to pursue.

- ☐ **Administrative Review**: An informal meeting conducted by an Administrative Review Officer (ARO) with you, an advocate of your choice, and your MassAbility Career Services Counselor. The ARO will issue a written decision within 30 days of the meeting.
- ☐ **Mediation:** A professional mediator will meet with both you and a MassAbility representative to help both parties reach an agreement to resolve the issues in dispute. Mediation is voluntary on the part of all parties.
- ☐ **Fair Hearing:** A formal hearing with an impartial Hearing Officer where you, an advocate of your choosing, and MassAbility present evidence about your distinct positions.

Appeals Support
If you would like assistance with the Appeals process, you can contact the Massachusetts Office on Disability Client Assistance Program (CAP) who may provide you with an advocate. To learn more, please contact CAP directly at ContactCAPMA@mass.gov or by phone at 617-727-7440.

Accommodations
If you need a reasonable accommodation (e.g., ASL Interpreter) to participate in the Appeals process, please specify the accommodation(s) needed:

Participant Signature: Date: