

See Bottom of Page 2 for Important Information and Instructions

Name		SSA# (last 4 digits) XXX-XX-	DOR Counselor Name	
Telephone Number	Check if TTY	E-mail Address		
Residence Address		City	State	Zip Code
Mailing Address, If Different		City	State	Zip Code

Choose **one or both** of the following concerning the action taken by the Department of Rehabilitation (DOR) regarding your application for, or receipt of, Rehabilitation Services:

Mediation - I hereby request mediation of this matter with a qualified, impartial mediator who will assist me and the Department in reaching an agreement. **Requests must be filed within one year of the disputed action or decision.**

Mediation is a voluntary, confidential method of resolving disputes between you and the Department. If both you and the Department agree to mediation, a qualified, impartial mediator is available, at no cost to you, to help you and the Department find solutions. **Mediation will be held within 25 calendar days from receipt of your request, unless you agree to a later date.**

Fair Hearing - I hereby request a fair hearing before the Rehabilitation Appeals Board. **Hearing requests must be filed within 30 calendar days of receipt of an Administrative Review Decision. If no Administrative Review was held, hearing requests must be filed within one year of the date of a disputed action or decision.**

The Rehabilitation Appeals Board is an independent body appointed by the Governor. The Board hears all relevant evidence presented and considers each issue on the basis of applicable law and regulations and the policies and procedures that govern vocational rehabilitation services. **The fair hearing will be held within 45 calendar days from receipt of your request, unless both parties request an extension of the time.**

What is the action or decision that has resulted in your request for mediation or fair hearing?

- Administrative Review Decision
- Denial of Eligibility
- Case Closure
- Denial of Individualized Plan for Employment (IPE) Goal
- Denial of Self-Employment
- Denial of Education or Training
- Denial of Other Service(s) *
- Other Action or Decision *

* List the denied service(s), other action or decision: (attach additional sheet, if needed)

Name _____

Why do you disagree with the action or decision and think it should be changed? (attach additional sheet, if needed)

What action do you wish to have taken? (attach additional sheet, if needed)

To participate in the mediation or fair hearing, I will need the following accommodations (such as interpreters, assistive listening systems, or alternate formats):

By signing this form, I am consenting to the release of information of this form and the sharing of my case record with the members of the Rehabilitation Appeals Board and/or the Department Mediation Coordinator, Office of Administrative Hearings, and assigned mediator(s).

Signature 	Date Signed
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PRIVACY STATEMENT - The information requested on this form, including name and address, is necessary for identification. Failure to provide the information requested may result in delays in services.

Client Assistance Program (CAP)

For referral to a local CAP advocate, call toll free at 1-800-952-5544 (voice) or 1-866-712-1085 (TTY), or visit the CAP webpage at <http://www.dor.ca.gov/cap>.

If you are requesting **both** mediation and fair hearing, submit your request to **both** addresses below.

For Mediation, mail to:

DOR Mediation Coordinator
Office of Administrative Hearings
2349 Gateway Oaks Drive, Suite 200
Sacramento, CA 95833
(916) 263-0654 (voice) or call 711 for California Relay Service (TTY users) and provide operator with the phone number of the mediation office.

OR fax to:

(916) 376-6318 or alternate fax (916) 263-0549
Attention - DOR Mediation Coordinator

For Fair Hearing, mail to:

Appeals Board Administrator
c/o Department of Rehabilitation
P. O. Box 944222
Sacramento, CA 94244-2220

OR hand carry requests to:

Office of Appeals Board Administrator
721 Capitol Mall, Sacramento, CA 95814-4702
For information about the appeals process call (916) 558-5860 (voice) or (916) 558-5862 (TTY), or visit our webpage at <http://www.dor.ca.gov/exec/fairhear.htm>