AID TO BLIND/REMEDIAL (Denial Notice)

DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 1921 (3-2012)

Clear Fields

Date
Case Number

Name			
Address	City	State	ZIP Code

You have applied to the Aid to the Blind-Remedial Care Program. This program is a state financed program that meets the treatment needs of individuals who are in danger of losing their vision or require restorative eye services. Your application has been denied based on the following reason(s):

The eligibility decision is based on Medicaid eligibility factors as specified in Service Chapter 510-05.

Per North Dakota Administrative Code 75-01-03-03, you are entitled to a fair hearing based on this denial. Please refer to the **Right of Hearing Notice** below for additional hearing information.

Eligibility Worker	Title of Eligibility Worker	Telephone Number

RIGHT TO HEARING

The North Dakota Department of Human Services provides an opportunity for a fair hearing to any person whose claim for assistance is denied or not acted upon promptly or if action is taken to suspend, terminate, or reduce services.

You may request a hearing if you believe the decision in this notice is incorrect. The request for hearing must be made in writing, within 30 days from the date of notice. Please send your appeal request to:

APPEALS SUPERVISOR
ND DEPARTMENT OF HUMAN SERVICES
600 E BOULEVARD AVENUE-DEPT 325
BISMARCK ND 58505

NONDISCRIMINATION
Any person who believes he/she has been discriminated against because of race, color, religion, sex, national origin, age, political beliefs, handicap, or status with respect to marriage or public assistance may file a written complaint with the county social service board; the North Dakota Department of Human Services for Civil Rights; or the Office of Civil Rights, Department of Health and Human Services, Federal Office Building, 1961 Stout Street, Denver CO 80294.

You may have an attorney, relative, friend, or other person assist you in your hearing. If you do not have money to pay for an attorney, you may contact a free legal service organization in your area to see if they can assist you. It is advisable that you contact them as soon as possible if you would like them to represent you. The North Dakota Department of Human Services provides this list of Legal Aid organizations for your information.

RESPONSIBILITY TO REPORT CHANGES
It is the responsibility to report any changes including but not limited to income, assets, address, living arrangements, and persons living in your home within ten days.

Distribution: State Office
County
Client