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|  | **Tennessee Department of Human Services Vocational Rehabilitation Program**  **Appeal For Fair Hearing By Rehabilitation Services** |

**SECTION I**

**1. Counselor District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Date Appeal Requested** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Name of Applicant or Client SSN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Address**

**5. Telephone Number (\_\_\_\_\_)**

**6. Reason for appeal** (Completed by the appellant or his/her representative)**:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Applicant, Client or Representative Signature Date**

**SECTION II**

(Completed by the local office)

**The reason for the appeal: (Check one)**

**Determined Ineligible**

**Reduction of Services**

**Termination of Services**

**Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Date of Notice \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reason for the action or delay in action: Explain briefly; indicate whether the issue is a protest of agency policy or a matter of fact or judgment relating to the individual case. Attach copies of the notice that was mailed to the appellant.**

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**Services Continued:  Yes  No**

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**Counselor Signature Date**

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**Supervisor Signature Date**