

Appeal Rights

If you are unhappy with a decision that was made about your Vocational Rehabilitation (VR) services, you have the right to appeal. Here is an explanation of the appeal process.

1. To start an appeal, you need to submit a written request for an appeal within 20 calendar days of the ***date of the VR decision letter***. Your request should:
 - a. Explain what decision you disagree with and,
 - b. How you would like to work together with VR staff to resolve the issue.
2. Choose how you want to resolve the issue. You can choose one or all of the options below:
 - a. Informal Review: A supervisor of the person who made the original decision (or a Program Manager) will review the issue and try to find a solution.
 - b. Mediation: A process used to discuss disagreements. A person who does not work for VR will meet with you and VR staff to discuss the issue and reach an agreement.
 - c. Fair Hearing: A formal review by an Administrative Law Judge who makes a decision based on facts and laws.
3. des.az.gov/services/employment/rehabilitation-services/vocational-rehabilitation-vr/appeals-form
4. If you need help asking for an appeal, you can ask VR staff to help you, or you can contact:
 - a. The AZRSA Ombudsman office at rsaombudsman@azdes.gov, or
 - b. The Client Assistance Program at 602-274-6287 or toll-free at 800-927-2260.

This process helps to make sure your concerns are heard and resolved fairly.

Request for Appeal

I, *(type your name)* _____, disagree with a decision made by VR that affects the provision of my services.

I am appealing the following VR decision:

I disagree with the decision because:

I want to resolve this issue by *(check the option you would like to begin with)*:

Informal Review

- I agree to extend the 60-day timeframe for the Fair Hearing to resolve the issue informally.
- I understand a local office supervisor or program manager will review the decision and my appeal and attempt to identify a resolution.
- I understand that I continue to have the right to Mediation and a Fair Hearing if I am not satisfied with the results of this informal review.

Mediation

- I agree to extend the 60-day timeframe for the Fair Hearing to resolve the issue informally.
- I understand that an impartial mediator will meet with me and any representatives I choose to have present, staff who made the decision, and the RSA Ombudsman to review the decision and my appeal and attempt to help negotiate an agreement.
- I understand that I continue to have the right to a Fair Hearing if I am not satisfied with the results of this Mediation.

Fair Hearing

- I do not want to start with either option listed above and *only* want a Fair Hearing with a Hearing Officer.

I can be contacted at the following contact information regarding this request:

Phone: _____ Alternate Phone: _____

Address: _____

Email: _____

Signed by Client/Client's Legal Guardian: _____ Date: _____

Send your request for appeal to the designated individual listed below. Your request must be received by VR within 20 calendar days of the date of the letter in which VR notified you of the decision:

RSA Ombudsman
1789 W. Jefferson Street
Phoenix, AZ 85007
RSAOmbudsman@azdes.gov