



Office of Vocational Rehabilitation (OVR) Office of Vocational Rehabilitation for the Blind (OVRB) REQUEST FOR APPEAL

OVR/OVRB ensures that any applicant or recipient of services dissatisfied with a determination affecting their VR services has the right to request a timely review.

Options for dispute resolution:

- **Informal Dispute Resolution** – The District Manager for OVR or the Regional Manager for OVRB reviews the issue and attempts to resolve it.
 - If unresolved and you wish to seek further review, you may also request the State office OVR or OVRB Director to review the decision.
- **Mediation**
- **Impartial Due Process Hearing**

Do you wish to appeal? Yes No

What option do you wish to choose?

Informal Dispute Resolution by the District Manager

State Office Director Review

Mediation

Impartial Due Process Hearing

**After completing this form, mail via certified/registered
USPS (or deliver) to:**

MDRS
ATTN: VR APPEALS
1281 Hwy 51 North
Madison, Mississippi 39110

**Or you may email this completed form to:
VRAppeals@mdrs.ms.gov**

Client/Participant Information

(You may use the back of the printed copy of this form or attach additional pages)

Client/Participant Name (please print):

Mailing Address:

City:

State:

Zip Code:

Telephone Number:

Alternate Number:

Email Address:

How do you prefer your written communications?

Email

Mailing Address

Braille

What is your disability?

If Other, please specify:

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CLIENT NAME:

Due Process of Appeal Information

Concerning the determination or decision by OVR/OVRB staff that you are contesting:

Does the determination or decision concern *(check all that apply):*

Your eligibility for vocational rehabilitation services?

Your ineligibility for further services?

Delivery or quality of counseling or other services?

The cost of services allowed by OVR/OVRB?

Closure of your case or termination of services?

Denial of services?

Your eligibility for services under the Independent Living Services for Older Individuals who are Blind?

Your Individual Plan for Employment (IPE) or Independent Living Plan (ILP) for older individuals who are Blind ?

Other? If 'other', describe:

Who made the determination?

On what date did the person or persons make the determination or decision?

Briefly describe why you are appealing this determination:

Describe the remedy you are seeking. How do you want this matter to be resolved?

Accommodations Requested

Please complete the following, only if applicable.

I am requesting the following accommodations during any appeals process *(select all that apply):*

Reader

Sign language interpreter

Language interpreter *(specify language):*

Other. If 'Other', describe:

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CLIENT NAME:

Notice

By signing this Request for Due Process Hearing and/or Mediation, you give consent and authorization to OVR/OVRB to release information about you that OVR/OVRB has in its possession as is necessary to conduct an informal dispute resolution, informal mediation, or formal hearing.

Authorization

If signed with an "X", two witnesses are required.

Client/Participant Signature

Date of Signature *(Date of Appeal Request)*

Witness Signature

Date

Witness Signature

Date

**Electronic Signature: I agree to and accept the electronic signature (submitted by the email address provided by the Participant and/or the Designated Representative) shall be binding as a manual signature and will be constituted as legal, valid, and a binding obligation and shall have the same legal effect, validity, and enforceability as a signed paper record.*