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| Texas Workforce Solutions logo | **Texas Workforce Commission****Vocational Rehabilitation Services****Request for Due ProcessHearing and/or Mediation**  |
| **Please mail, deliver, or email this form when completed to:****TWC VR Hearings Coordinator****101 East 15th Street, Rm. 608,** **Austin, Texas** **78778-0001****or****melissa.collins@twc.texas.gov** | **For TWC-VR Use Only** |
| Date Received:       |
| **Customer Information**  |
| You may use the back of a printed copy of this form or attach additional pages.   |
| Applicant or Customer Name (please print):      | Case ID Number:      |
| Street Address:      | City:      |
| State:      | ZIP Code:      |
| Telephone Number:(   )       | Date of this Petition:      |
| Email Address:      |
| What is your disability? [ ]  Blind or visually impaired [ ]  Other: If other, specify       |
| **Hearing Request Information**  |
| **Concerning the determination or decision by TWC-VR staff that you are contesting:**  |
| Does the determination or decision concern:[ ]  Your eligibility for vocational rehabilitation services?[ ]  Your eligibility for services under the Independent Living Services for Older Individuals who are Blind?[ ]  Your ineligibility for further services?[ ]  Denial of services?[ ]  Your Individual Plan for Employment (IPE), Individual Written Rehabilitation Plan (IWRP) or Independent Living Plan (ILP) for older individuals who are blind program?[ ]  Delivery or quality of counseling or other services?[ ]  The cost of services allowed by TWC-VR?[ ]  Closure of your case or termination of services?[ ]  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 contesting this determination:      |
| Describe the remedy you are seeking, or how you want this matter to be resolved:      |
| You have the right to pursue mediation in an effort to resolve this matter.Do you agree to mediation? [ ]  Yes [ ]  No |
| **Accommodations Requested** |
| **Complete the following only if applicable.** |
| I am requesting the following accommodations during any hearing in this proceeding (select all that apply)  [ ]  Reader [ ]  Sign language interpreter [ ]  Language interpreter - specify language:      [ ]  Other. If other, describe:        |
| **Notice** |
| **By signing this Request for Due Process Hearing and/or Mediation, you give consent and authorization to TWC-VR to release information about you that TWC-VR has in its possession as is necessary to conduct a formal hearing or mediation.**   |
| **Authorization** |
| **If signed with an “X,” two witnesses are required.**   |
| Applicant or Customer Signature:**X**  |
| Witness Signature:**X**  | Witness Signature:**X**  |