



Ned Lamont
Governor

State of Connecticut
Department of Developmental Services



Jordan A. Scheff
Commissioner

Peter Mason
Deputy Commissioner

Request for Hearing - Eligibility for Services

Date: _____

TO: Commissioner
Department of Developmental Services
460 Capitol Avenue
Hartford, CT 06106

_____, hereby request a hearing on the finding
(Name of Person Requesting the Hearing)
of _____ ineligible for the services of the
(Name of Applicant Found Ineligible)

Department of Developmental Services.

The reason(s) for requesting the hearing is (are): _____

Signed: _____

Relationship to Applicant: _____

Address: _____

Phone Numbers: (Home) () _____

(Work) () _____

Email Address: _____