



State of Connecticut
Department of Developmental Services



Dannel P. Malloy
Governor

Request for Hearing – Eligibility for Services

Date: \_\_\_\_\_

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

I \_\_\_\_\_, 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 are: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Signed: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Phone Numbers: (Home) ( ) \_\_\_\_\_

(Work) ( ) \_\_\_\_\_