
MEDICAID ELIGIBILITY
FORMS AND INSTRUCTIONS

DOM-350 - REQUEST FOR LOCAL HEARING

PURPOSE & USE

The purpose of this form is to allow a client or representative to make a written request for a local hearing. Refer to Section J, Hearings, for policy regarding local hearings.

INSTRUCTIONS

This form will be completed when the client requests a local hearing via a form rather than a letter. The completion of this form is not mandatory; however, the hearing request must be made in writing. Prepare an original and 1 copy. File the original in the case record for use in scheduling the hearing. The copy belongs to the client.

The client or representative will complete and sign the form except for the Regional Office section.

The worker will enter in the space provided the following: The date the hearing request was received in writing; the date the notice to the client, either DOM-305 or 306, was mailed to the client; and, check whether or not continuation of benefits applies. Refer to Section J, Hearings.

Regional Office _____

Case Name _____

Medicaid ID # _____

REQUEST FOR LOCAL HEARING

I wish to request a local hearing for the following reason (s):

Date

✓ _____
Signature of Client or Representative

Mailing Address

FOR REGIONAL OFFICE USE ONLY

Date Local Hearing Request Received in Writing _____

Date Notice to Client Mailed _____

Continuation of Benefits Yes No