
MEDICAID ELIGIBILITY
FORMS AND INSTRUCTIONS

DOM-352 - REQUEST FOR STATE HEARING

PURPOSE & USE

This form is used to allow the client/representative to make a written request for a State hearing. If a local-level hearing has already been held on the same issue, the client may request a State hearing by completing the bottom portion of DOM-351 or by completing DOM-352. Either method is acceptable.

The completion of this form is not mandatory; however, all hearing requests must be made in writing. If the client prefers, the request may be put in a letter to the Regional of State Office. Refer to Section J, Hearings.

INSTRUCTIONS

Complete an original and 2 copies. The original will be forwarded to the Eligibility Division in the State Office. One copy is part of the case record kept in the Regional Office, and the other copy is the client's.

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

FOR REGIONAL OR STATE OFFICE USE ONLY

The Regional Office will complete this section if the hearing request is filed with the Regional Office. If the request is mailed directly to the State Office, the hearing official will complete this portion by contacting the Regional Office.

1. Check whether or not a local hearing has been held.
2. Enter the date DOM-306 was mailed to the client; or, if a local hearing has been held, enter the date DOM-351 was mailed to client.
3. Check whether or not continuation of benefits is applicable.

Regional Office _____

Case Name _____

Medicaid ID # _____

REQUEST FOR STATE HEARING

**TO: Division of Medicaid, Office of the Governor
Eligibility Division
239 North Lamar Street, Suite 801
Jackson, Mississippi 39201-1399**

I wish to request a State hearing before a State hearing officer for the following reason(s):

Date: _____  _____

SIGNATURE OF CLIENT OR REPRESENTATIVE

MAILING ADDRESS

FOR REGIONAL OR STATE OFFICE USE ONLY

Has Local Hearing been held? Yes No

Date DOM-306 or DOM-351, if Local Hearing held, was mailed: _____

Continuation of Benefits apply: Yes No