

STATE HEARING COVER SHEET

REGIONAL OFFICE: \_\_\_\_\_

RO SUPERVISOR/DESIGNEE'S SIGNATURE: \_\_\_\_\_

CLIENT'S NAME: \_\_\_\_\_ ID # \_\_\_\_\_

CLIENT'S COVERAGE GROUP AT ISSUE: \_\_\_\_\_

IS CLIENT ELIGIBLE UNDER ANY OTHER GROUP (specify) \_\_\_\_\_

DATE OF APPLICATION(S): \_\_\_\_\_

DATE(S) OF ELIGIBILITY UNDER APPEAL: \_\_\_\_\_

DATE(S) 305 or 306 NOTICE(S) ISSUED: \_\_\_\_\_

WAS LOCAL HEARING HELD: \_\_\_\_\_

IF YES, DATE LOCAL HEARING REQUEST REC'D IN WRITING: \_\_\_\_\_

DATE STATE HEARING REQUEST REC'D IN WRITING: \_\_\_\_\_

STATUS OF CASE:  OPEN UNDER CONT. OF BENEFITS  REJECTED  
 CLOSED EFFECTIVE \_\_\_\_\_  OTHER

BRIEFLY DESCRIBE ISSUES UNDER APPEAL: \_\_\_\_\_

NAME/ADDRESS/PHONE # OF CLIENT OR DESIGNATED REP REQUESTING HEARING:

NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REP'S RELATIONSHIP TO CLIENT: \_\_\_\_\_

FOR STATE OFFICE USE ONLY

DATE RECEIVED BY STATE LEVEL REVIEWER: \_\_\_\_\_

DATE ASSIGNED APPOINTMENT FOR HEARING: \_\_\_\_\_

HEARING DATE: \_\_\_\_\_

DUE DATE: \_\_\_\_\_ END OF 90 DAY PERIOD: \_\_\_\_\_