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| Texas Workforce Solutions logo | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Request for Due Process Hearing and/or Mediation** | | | |
| **Please mail, deliver, or email this form when completed to:**  **TWC VR Hearings Coordinator**  **101 East 15th Street, Rm. 608,**  **Austin, Texas** **78778-0001**  **or**  **melissa.collins@twc.texas.gov** | | | **For TWC-VR Use Only** | |
| Date Received: | |
| **Customer Information** | | | | |
| You may use the back of a printed copy of this form or attach additional pages. | | | | |
| Applicant or Customer Name (please print): | | | | Case ID Number: |
| Street Address: | | | | City: |
| State: | | | | ZIP Code: |
| Telephone Number:  (   ) | | | | Date of this Petition: |
| Email Address: | | | | |
| What is your disability?  Blind or visually impaired  Other: If other, specify | | | | |
| **Hearing Request Information** | | | | |
| **Concerning the determination or decision by TWC-VR staff that you are contesting:** | | | | |
| Does the determination or decision concern:  Your eligibility for vocational rehabilitation services?  Your eligibility for services under the Independent Living Services for Older Individuals who are Blind?  Your ineligibility for further services?  Denial of services?  Your Individual Plan for Employment (IPE), Individual Written Rehabilitation Plan (IWRP) or Independent Living Plan (ILP) for older individuals who are blind program?  Delivery or quality of counseling or other services?  The cost of services allowed by TWC-VR?  Closure of your case or termination of services?  Other? If other, describe: | | | Who made the determination? | |
| On what date did the person or persons make the determination or decision? | |
| Briefly describe why you are contesting this determination: | | | | |
| Describe the remedy you are seeking, or how you want this matter to be resolved: | | | | |
| You have the right to pursue mediation in an effort to resolve this matter.  Do you agree to mediation?  Yes  No | | | | |
| **Accommodations Requested** | | | | |
| **Complete the following only if applicable.** | | | | |
| I am requesting the following accommodations during any hearing in this proceeding (select all that apply)  Reader  Sign language interpreter  Language interpreter - specify language:  Other. If other, describe: | | | | |
| **Notice** | | | | |
| **By signing this Request for Due Process Hearing and/or Mediation, you give consent and authorization to TWC-VR to release information about you that TWC-VR has in its possession as is necessary to conduct a formal hearing or mediation.** | | | | |
| **Authorization** | | | | |
| **If signed with an “X,” two witnesses are required.** | | | | |
| Applicant or Customer Signature:  **X** | | | | |
| Witness Signature:  **X** | | Witness Signature:  **X** | | |