

Summary of WVDRS Request for Review Process

You have the right to appeal if you are dissatisfied with any decision or action of the Division regarding either the provision or denial of services. You will be allowed a 60 calendar day time period from the date of notification regarding the provision or denial of services in which to submit a written request for review of a decision or action in which you must state your objections and what resolution you seek.

The West Virginia Division of Rehabilitation Services (DRS) offers several ways for you and DRS to reach a mutually acceptable solution to any issue about your vocational rehabilitation program, with which you are dissatisfied or disagree. You have the right for your concerns to be reviewed.

To start the review process, please complete the information below, or provide a letter containing similar information, and give to your DRS counselor.

An overview of the process.

- Local Reconciliation: You and/or your representative and your rehabilitation counselor may ask your counselor’s supervisor to help resolve issues or review a counselor decision.
- Administrative Review: If you are not satisfied with the findings of the local reconciliation, you may request a review by the Assistant Director Client Services.
- Mediation: Qualified mediators are available to conduct a mediation meeting between you and your counselor to try to reach a mutually acceptable agreement.
- Fair Hearing: A hearing is an opportunity for you and DRS staff to present personal and witness testimony and written information/evidence about unresolved issues to an impartial hearing officer who is not a DRS or other government employee.

You may wish to take advantage of every option including the local reconciliation, administrative review and/or mediation, but you also have the right to proceed directly to a fair hearing.

DRS has the responsibility to conduct a fair hearing within 60 calendar days from the date the Request for Review is received. Because of this short time frame, you have the responsibility to notify your counselor in a timely manner of your decision or choice.

- At each level of the review process, you have five (5) working days to notify DRS of how you wish to proceed.
- If you need more than five (5) working days to make your decision, you must notify your counselor within that five (5) working day time frame.
- If DRS does not receive from you, within five (5) working days, your intent to proceed to the next level or a request for an extension, the decision of the previous level will stand.
- If you chose to take more than five (5) working days, DRS may request an extension of the 60 calendar day time requirement to conduct the fair hearing to a period of time that is agreeable to both parties.

Complete this form and return to your DRS Counselor.

Name <i>(please print)</i>		Phone		
Address	Street/Box	City	State	Zip
Email <i>(optional)</i>		DRS Counselor		

Please describe in the space below, or on additional sheets, if necessary:

1. Your specific complaint: (Provide as much specific information as possible, including approximate dates, to explain why you are dissatisfied.)

2. A decision that you feel would be fair/what you would like changed:

Client/Representative/Guardian Signature

Date

Request for Review

The review meetings and/or hearing will be held at a DRS local office that is convenient to you.

Please check any accommodation you will require for the review process:

- | | |
|--|--|
| <input type="checkbox"/> Interpreter | <input type="checkbox"/> Reader |
| <input type="checkbox"/> CART | <input type="checkbox"/> Note taker |
| <input type="checkbox"/> Braille | <input type="checkbox"/> Audio Format |
| <input type="checkbox"/> Large Print (font size) _____ | <input type="checkbox"/> Other (specify) _____ |

I understand I have 5 working days upon filing a request for review to choose a review level. If I cannot make my choice within 5 days, I must notify my counselor within the 5 working day timeframe. If I need additional time, I understand DRS may request an extension of the 60 calendar day time requirement for conducting a fair hearing to a time period that is agreeable to both of us.

I need until (date) _____ to select a review level. Extension Date agreed to: _____

I choose to start the review process with:

- Local Reconciliation** **Administrative Review** **Mediation** **Fair Hearing**

Client's Signature and Date

WVDRS Representative Signature and Date

I need until (date) _____ to select a review level. Extension Date agreed to: _____

I do not agree with the decision made at the previous level, therefore I choose to continue the review process with:

- Administrative Review** **Mediation** **Fair Hearing**

Client's Signature and Date

WVDRS Representative Signature and Date

I need until (date) _____ to select a review level. Extension Date agreed to: _____

I do not agree with the decision made at the previous level, therefore I choose to continue the review process with:

- Mediation** **Fair Hearing**

Client's Signature and Date

WVDRS Representative Signature and Date

I need until (date) _____ to select a review level. Extension Date agreed to: _____

I do not agree with the decision made at the previous level, therefore I choose to continue the review process with:

- Fair Hearing**

Client's Signature and Date

WVDRS Representative Signature and Date