



DUE PROCESS REQUEST

Form VR-711 (Rev. 7-2021)

If you do not agree with a decision or action made by ACCES-VR you may ask for a review of the decision by requesting due process. Your due process request must be made within 90 days of the action or decision you disagree with *unless* you can show good reason for asking after 90 days. **ACCES-VR will not suspend, reduce, or terminate vocational rehabilitation services being provided to you as an applicant or recipient of services until your complaint is resolved.**

Upon receipt of your request our Quality Assurance and Monitoring Unit will contact you to advise you of next steps. **Failure to provide a signed form with all required information may result in a delay.**

> For DO/CO Use <
 Date stamp form receipt here:

1. CONTACT INFORMATION (required)

Last Name:	First Name:	Middle Initial:
Street Address:		
City:	State:	Zip:
Phone: () 	Email Address:	

2. WHAT ACTION or DECISION DO YOU REQUEST BE REVIEWED? (required)

Briefly describe (a) the action or decision by ACCES-VR you disagree with, (b) when it occurred, (c) the individuals involved, and (d) why you disagree. You may use the back of the form or attach another page if you need more space.

2a. HOW WOULD YOU LIKE THIS DISAGREEMENT DECIDED? (required)

Briefly describe how you would like this disagreement decided - What solution or outcome do you want from due process? You may use the back of the form or attach another page if you need more space.

3. IMPARTIAL HEARING

An **IMPARTIAL HEARING** must be scheduled within 60 days of receipt of a valid request for due process. Any request to postpone the hearing requires the agreement of all parties and approval of the Impartial Hearing Officer (IHO). Impartial Hearing Officers (IHO) are NOT employees of ACCES-VR. ACCES-VR is responsible for the Hearing Officer's fee for conducting a hearing, for the cost of transcription services, and cost of any reasonable accommodation you require to participate in the hearing.

► REASONABLE ACCOMMODATION

Check this box if you require a reasonable accommodation to participate in an Impartial Hearing.

Please identify the type of accommodation you require:

ACCES-VR makes INFORMAL DISPUTE RESOLUTION (Administrative Review) and MEDIATION available to you as a less formal and quicker way to resolve your dispute. Participation is not required, is voluntary for all parties, and should not delay your hearing unless agreed to by all parties and approved by the IHO. If an agreement is reached, your Impartial Hearing may be canceled. If you are unable to reach an agreement, you can proceed to an impartial hearing without delay.

► **INFORMAL DISPUTE RESOLUTION (Administrative Review)**

Must be scheduled within 15 days of your request for due process and is conducted by the District Office Manager (DOM) or designee who will review your complaint with you. The DOM or designee will provide a written decision to you within 5 days. You will have 15 days to accept or reject the decision.

YES, I would like to participate in an Informal Review with the District Office.

NO, I do not want an Informal Review.

► **MEDIATION**

Conducted by a qualified and impartial mediator; the costs of mediation services are paid by ACCES-VR. Participation in Mediation is voluntary for both parties, discussions during Mediation are confidential, and any agreement reached during mediation will be written by the mediator and signed by both you and the District Office.

YES, I would like to participate in Mediation with the District Office and a Qualified Mediator.

NO, I do not want a Mediation.

4. REPRESENTATION

You have a right to be represented during due process - by a relative, advocate, attorney, DRNY-CAP, or other spokesperson. Please complete the following information so the Notice of Hearing and other documents can be provided to them.

Note: You are not required to be represented to attend your hearing.

Name of Representative:		Relationship to you:
Street Address:		
City:	State:	Zip:
Phone: ()	Email Address:	

Disability Rights of New York, Client Assistance Program (DRNY-CAP) may be able to assist you in preparing for your hearing or representing you at hearing. Additional information can be requested by contacting Disability Rights New York at: 518-432-7861 (Main) · 518-512-3448 (TTY) · 800-993-8982 (Toll Free) · 518-427-6561 (Fax) · or Email DRNY-CAP at mail@drny.org

Please note: DRNY-CAP is a separate agency and NOT affiliated with ACCES-VR.

5. SIGNATURE AND DATE (required)

Your Signature:

Date:

The State Education Department does not discriminate on the basis of age, color, religion, creed, disability, marital status, pregnancy, veteran status, national origin, race, gender, genetic predisposition or carrier status, or sexual orientation in its recruitment, educational programs, services, and activities. Portions of any publication designed for distribution can be made available in a variety of formats, including Braille, large print or audiotape, upon request. Inquiries regarding this policy of nondiscrimination should be directed to the Office of Human Resources Management, Room 528 EB, Education Building, Albany, New York 12234.

► **Return Form to: Your local ACCES-VR District Office, or ACCES-VR Quality Assurance & Monitoring Unit (QAMU) 89 Washington Ave, Room 560 EBA, Albany NY 12234** ◀