State of Illinois
Illinois Department on Aging

Illinois Department on Aging's Community Care Program

Notice of Appeal to Department on Aging

Need help completing this form?
Contact the Department on Aging Senior HelpLine at 1-800-252-8966; 711 (TRS)

Use this form to file an appeal **ONLY** if you think someone has made an incorrect decision about your case or has failed to process your request for services correctly. If you decide to appeal, you must file the appeal in writing, but you may notify IDoA by calling 1-800-252-8966.

Electronically completed forms may be emailed to Aging.CCPParticipantAppeals@Illinois.gov or printed and mailed to: Appeals Section
Illinois Department on Aging
One Natural Resources Way, Suite 100
Springfield, Illinois 62702-1271

IMPORTANT: If you have been receiving services, and you appeal by completing and sending this Notice of Appeal to IDoA within sixty (60) calendar days of the date of the Person Centered Plan of Care, services may be continued at the previous level until a final decision is reached.

For Office Use Only
☐ Applicant; Inactive Status ☐ Applicant; Interim Status ☐ Participant; Active Status

1. Appellant Name (Applicant or Participant):			Phone:
Street Address:			Social Security Number:
City:	State:	Zip:	
2. Appellant's Authorized Representative:			Phone:
Street Address:			Relationship:
City:	State:	Zip:	

3. I am appealing a decision or action/inaction regarding my case. The reason for this appeal is that my Community care Program service(s) have been (as cited on the **Person Centered Plan of Care (PCPOC) Form**):

☐ Approved ☐ Decreased ☐ Increased ☐ Remain the same
☐ Denied ☐ Terminated ☐ Temporarily Increased ☐ Reinstated

Additional comments:

4. The Care Coordination Unit indicated on the **PCPOC Form** being appealed is:

5. The date of the **PCPOC Form** regarding a decision or action/inaction being appealed is: (see **PCPOC Form**):

6. I have been receiving Community Care Program services from the following Provider agency(ies):

7. Signature of Appellant/Appellant's Authorized Rep.:	Date:

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