



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 application correctly. If you decide to appeal, you must file the appeal in writing, but you may notify the Department on Aging by calling 1-800-252-8966.

Electronically completed forms may be emailed to
Aging.CCParticipantAppeals@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) days of the date of the Case Action Notice, services may be continued at the previous level until a final decision is reached.

For Office Use Only

Applicant; Inactive Status

Applicant; Interim Status

Client; Active Status

1. Appellant Name (Applicant or Client):			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 Plan of Care Notification Form):				
Approved	Decreased	Increased	Remain the same	
Denied	Terminated	Temporarily Increased	Reinstated	
Additional comments:				
4. The Care Coordination Unit indicated on the Plan of Care Notification Form being appealed is:				
5. The date of the Plan of Care Notification Form regarding a decision or action/inaction being appealed is: (see Plan of Care Notification Form):				
6. I have been receiving Community Care Program services from the following Provider agency(ies):				
7. Community Care Program worker's name:				
8. Signature of Appellant/Appellant's Authorized Rep.:			Date:	