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|  | AGING AND LONG-TERM SERVICES ADMINISTRATION (ALTSA)  ADULT PROTECTIVE SERVICES (APS)  **APS Administrative Hearing Request** | | | | | |
| 1. **To be completed by the appellant (the person requesting the administrative hearing)** | | | | | | |
| **Basic Information** | | | | | | |
| 1. FULL LEGAL NAME | | | 1. PHONE (MAIN) (AND AREA CODE) | | 1. ALTERNATIVE PHONE (IF ANY) | |
| 1. CURRENT ADDRESS | | | | | | |
| 1. I AM REQUESTING AN ADMINISTRATIVE HEARING TO CHALLENGE APS’S SUBSTANTIATED INITIAL FINDING BECAUSE (YOU CAN CHANGE THIS LATER): | | | | | | |
| 1. DO YOU NEED ASSISTANCE IN THE ADMINISTRATIVE APPEAR PROCESS, SUCH AS AN INTERPRETER OR A DISABILITY ACCOMMODATION? | | | | | | |
| **Representative Information** | | | | | | |
| 1. WILL SOMEONE REPRESENT YOU AT THE HEARING?   Yes  No | | | | 1. IS THIS REPRESENTATIVE AN ATTORNEY?   Yes  No | | |
| 1. REPRESENTATIVE’S NAME | | 1. REPRESENTATIVE’S ORGANIZATION | | | 1. REPRESENTATIVE’S PHONE | |
| 1. REPRESENTATIVE’S ADDRESS | | | | | | |
| **Signature** | | | | | | |
| 1. SIGNATURE | | | | | | 1. DATE |
| 1. **To be completed by APS** | | | | | | |
| **Office of Administrative Hearings (OAH) Information** | | | | | | |
|  | | | | APS INVESTIGATION ID | | |
| OAH PHONE (AND AREA CODE) | | |
| OAH TOLL FREE HONE | | |
| OAH FAX (AND AREA CODE) | | |

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| **APS Administrative Hearing Request**  DSHS 27-178 Instructions  You have a right to request an administrative hearing to challenge a substantiated initial finding made by APS per WAC 388-103-0090. In order to request a hearing, you must send the Office of Administrative Hearings (OAH) the following minimum required information in written form (WAC 388-103-0100):   * The full legal name, current address and phone number of the alleged perpetrator; * A brief explanation of why the alleged perpetrator disagrees with the substantiated initial finding; and * A description of any assistance needed in the administrative appeal process by the alleged perpetrator, including an interpreter or an accommodation for a disability.   OAH must receive this information by the earlier of these two dates (WAC 388-103-0100):   * No later than 5:00 p.m. on the thirtieth (30th) calendar day from the mailing date on the department's letter of notice; or * No later than 5:00 p.m. on the thirtieth (30th) calendar day from the date the department's letter of notice was personally served upon the alleged perpetrator.   In order to request a hearing, you must either complete this form or submit a written request with the above minimum required information before the date described above to the OAH office provided on this form.  **Form instructions:**   * Section I – **Required**   + Boxes (1) through (4) – provide the requested information.   + Box (5) – Explain why you disagree with the initial finding. You can change this later.   + Box (6) – Request any assistance in the hearing process. Please include the language if interpretation is needed. Assistance does not include representation (such as providing you an attorney). * Section I – Optional   + Boxes (7) and (8) – Will you have someone represent you? You can change this later.   + Boxes (9) through (12) – Provide this information only if you have a representative.   **Boxes 13 and 14 are required.**   * Section II – **Required**   + APS will provide the information related to the finding against you and the local OAH office contact information.   **Where to send this form or a written request for an administrative hearing:**   * APS will provide a copy of this form along with the substantiated initial finding letter. APS will provide you with the address, phone number, and fax number of your local OAH office. * Send this form to OAH. **Do not send this form to DSHS.** * Please send a copy of your substantiated initial finding letter with this form to OAH. * Please keep a copy of this form for your records.   **How to send this form or a written request for an administrative hearing:**   * You can mail or fax an administrative hearing request to OAH. * If you fax your request, you must mail a copy of the request on the same day. |