Area Agency on Aging (AAA)
Health Related Social Needs (HRSN) Program

Nutritional Supports

Address:
City, State:
Zip Code:

Member Name:
ProviderOne ID:
Date of Notice:

Summary of Services

This notice informs you about your services and your right to appeal.
AAA is taking the following action(s) about your services or your request for services. **Please review the details below. You may need to respond.**

HRSN Nutrition Supports					
Benefit	Action	Quantity	Unit	Effective Date	End Date
Choose one	**Choose one**				
Choose one	**Choose one**				
Choose one	**Choose one**				
The HRSN services listed above have been **Choose one** because					
If you believe that you were eligible for more HRSN services than you were approved for and want to appeal, you may request a fair hearing by contacting your local Area Agency on Aging office. The appeal process is also outlined in **WAC 388-106H-0030** and must be requested within 90 calendar days of this notification.					

HRSN Contact:
Phone:
Email:

Address:
City, State:
Zip Code: