



Area Aging on Aging (AAA)  
Health Related Social Needs (HRSN) Program  
**Home Accessibility**

Address: \_\_\_\_\_ Member Name: \_\_\_\_\_  
 City, State: \_\_\_\_\_ ProviderOne ID: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ 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 Home Accessibility				
Benefit	Action	Unit	Effective Date	End Date
<p>The HRSN services listed above have been _____ because _____</p>				
<p>If you believe you are 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 <b>WAC 388-106H-0030</b> and must be requested within 90 calendar days of this notification.</p>				

HRSN Contact: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ City, State: \_\_\_\_\_  
 Email: \_\_\_\_\_ Zip Code: \_\_\_\_\_