



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

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 Nutrition Supports					
Benefit	Action	Quantity	Unit	Effective Date	End Date
<p>The HRSN services listed above have been _____ because _____</p>					
<p>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.</p>					

HRSN Contact: _____ Address: _____
 Phone: _____ City, State: _____
 Email: _____ Zip Code: _____