

## Request for an Appeal of a Reasonable Accommodation Decision

**If you do not agree** with our decision about your accommodation, you can file an appeal. We will look at your appeal and decide if we were wrong. You will get a written answer on your appeal.

If you want to appeal, you must do it within thirty (30) days of your Reasonable Accommodation decision.

**If you agree** with our decision, you do not need to file an appeal.

### HOW TO APPEAL

To file an appeal, you can fill out this form or write to HRA.

All appeals should include your name and contact information so that we can get back to you.

You can send your appeal to us by:



**MAIL:** ADA Compliance Officer  
150 Greenwich Street, 42nd Floor  
New York, NY 10007



**FAX:** 917-639-0333



**EMAIL:** [RARappeals@hra.nyc.gov](mailto:RARappeals@hra.nyc.gov)

**Are there documents we should see? If you have any documents from your doctor or treatment provider that we should look at, send them with your appeal.**

**YOU CAN GET HELP WITH THIS FORM!**

**CALL:** 212-331-4640 or **EMAIL** us at [constituentsaffairs@hra.nyc.gov](mailto:constituentsaffairs@hra.nyc.gov)

Turn this page over to complete this appeal form 

**Section I – Your Information (Please Print Clearly):**

Name: \_\_\_\_\_ Case Number (if known): \_\_\_\_\_

Social Security Number (if available): \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**Section II – What Decision(s) Do you Want to Appeal?**

You can use this form to appeal more than one decision.

1) What decision(s) do you want to appeal?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Please tell us why you think our decision was wrong. (If you need more space to write, please attach pages.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**HRA Applicant/Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

-or-

<p><b>For Authorized Representative Only:</b></p> <p>Authorized Representative Signature: _____ Date: _____</p> <p>Print Name: _____</p> <p>Relationship to Applicant/Participant: _____ Phone: _____</p> <p>Address: _____</p>
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<p><b>For internal use only:</b></p> <p>Completed by Office of Constituent Services: _____ Date: _____</p>
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