

**Manitoba Health Appeal Board**

102 – 500 Portage Avenue, Winnipeg MB R3C 3X1

**T** 204-945-5408 **Toll Free** 1-866-744-3257 **F** 204-948-2024

**Website** [www.manitoba.ca/health/appealboard](http://www.manitoba.ca/health/appealboard)

**NOTICE OF APPEAL
(FOR HOME CARE DECISIONS)**

# APPELLANT’S IDENTIFYING INFORMATION:

Appellant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Health Information Number (PHIN):

Address:

Postal Code: \_\_\_\_\_\_\_\_\_Telephone: \_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Regional Health Authority Office:

Preferred pronoun/s (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# APPELLANT’S REPRESENTATION ON APPEAL:

I will be representing myself on this appeal.

I will be represented by legal counsel:

Name Address Postal Code

I will be represented by another individual\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and relationship to appellant

Street Address City Postal Code

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

Telephone # Email

\***Note**: Please see information set out at bottom of page two regarding the Appellant’s representative.

# REASON FOR APPEAL:

I applied for or I am receiving home care services and disagree with program decisions about:

1. eligibility for service

1. type of service
2. level of service
3. Describe specific reason for appeal: \_

**PLEASE PROVIDE A COPY OF THE WRITTEN DECISION FROM THE REGIONAL HEALTH AUTHORITY WITH THIS NOTICE OF APPEAL.**

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1. Have you brought this concern to the attention of the local RHA office?

 Yes  No

1. When you contacted the RHA what was their response to your concern?
2. What I want/expect:

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

 Date Appellant signature\*

# \*PLEASE TAKE NOTICE:

**If this form is not signed by the Appellant or in the case of a minor child, the parent or legal guardian), the person signing on behalf of the Appellant must provide a copy of their authority to do so. For example, an order of committeeship or substitute decision-maker, a grant of power-of-attorney that sets out sufficient authority for the person to act in these circumstances or a representative authorization form, which is available at the board’s office or on its website (see contact information at top of page one).**