Aging and Disability Services Division

Developmental Services

Family Preservation Program
Appeal Request Form

☐ Desert Regional Center
7150 Pollock Drive
Las Vegas, NV 89119
Phone: (702) 486-7850
Fax: (702) 486-5855

☐ Rural Regional Center
1550 E. College Parkway
Carson City, NV 89706
Phone: (775) 687-5162
Fax: (775) 687-1001

☐ Sierra Regional Center
10375 Professional Circle
Reno, NV 89521
Phone: (775) 687-2600
Fax: (775) 688-1947

(Person Served/Guardian Name) (Date of Appeal)

(Mailing Street Address)

(City, State, Zip Code)

Hello,

My for the Family Preservation Program (FPP) was denied. The date on the denial notice is:

☐ I am asking for a review of this decision. I know this appeal request must be given to my Service Coordinator within **15 business days** from the date of the denial. I believe (choose all that apply):

- ☐ My household income is less than 300% of the Federal Poverty Limit. I have included supporting information with this letter.
- ☐ I have additional information to support a qualifying diagnosis that is included with this letter.
- ☐ A family member living in the same household is no longer a paid staff member for my loved one.
- ☐ My loved one lives at home with me or a family relative.

☐ I understand that the program has **30 calendar days** from the date they receive this request to give me an answer.

(Applicant Signature or Mark) (Signature Date)

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For Staff Use

The Service Coordinator must send this appeal request to FPP office for review.

Service Coordinator (First, Last Name)

(SC Signature) (Signature Date)

FPP Office:

Received By (First, Last Name):

Received Date: