

## Sample Cover Letter

[Date]

[Address]

**Re: Request for Community Based Services under State's Waiver Program**

Dear Medicaid Consumer:

[Name of Senior or Individual with a disability] recently requested participation in the State's waiver program (the "Program") for community based services, i.e., Alternative Services. I also understand that \_\_\_\_\_ [Name of Senior or Individual with a disability] was denied participation in the Program and/or was placed on a "waiting list," as the waiver slots are currently full.

Please be aware that \_\_\_\_\_ [Name of Senior or Individual with a disability]'s civil rights may be violated by the State and its agencies under the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, the State's applicable civil rights acts, and certain other federal and State laws and regulations relating to Medicaid programs/activities. It is unlawful for anyone to discriminate based upon an individual's disability and force you to accept a nursing home as your only choice for your significant long term care needs. However, there is recourse that may be taken to draw attention to the issue.

Attached are the following:

1. Frequently Asked Questions and Answers regarding how to respond to a potential civil rights issue and Instructions on how to file a complaint.
2. A sample Complaint form. You can use this sample to fill out a similar complaint on your own behalf. The process is free and can be done by email, fax, or mail, a blank form is also attached.
3. A sample pleading, which can be modified and used to file suit on your behalf.

As an advocate for seniors or individuals with disabilities who need long term care, I encourage your efforts to secure services in the least restrictive setting. Good luck!

Very truly yours,

Enclosure

*victor/misc/ada complaint-sample ltr*