



**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 (HOME CARE DECISIONS)

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
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I will be represented by another individual\*: \_\_\_\_\_  
Name and relationship to appellant

Street Address	City	Postal Code	Telephone #	Email
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**\*Note:** Please see information set out at bottom of page 2 regarding an appellant's representative.

### **Reason for Appeal:**

I applied for or I am receiving Home Care services and disagree with program decisions about my:

- a) eligibility for service
- b) type of service
- c) level of service

\*Describe specific reason for appeal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Please provide a copy of the written decision from the concerned Regional Health Authority together with this Notice of Appeal to the Board.

3. Have you brought this concern to the attention of the local RHA office:

Yes No

4. Who did you contact in the RHA and what was the response to your concern?

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5. What I want/expect: \_\_\_\_\_

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\_\_\_\_\_
Date

\_\_\_\_\_
Appellant's signature\*

**\*PLEASE TAKE NOTICE:**

If this form is not signed by the Appellant (the person who the appeal is about) 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).