

Larimer County Hearing Office Request for County Level Review

Date of Request	
Client Name	
CBMS Case Number:	

Current Address:	
Preferred Contact Number	
Email Address	

The Larimer County Hearing Office will complete a County Level Review regarding the program and information provided below. The County Hearing Officer may or may not contact you prior to the review. Please know that additional information may be requested in order for the review to be completed. Any additional information that you feel that the County Hearing Officer, or information requested by the County Hearing Office will need to be submitted to the County Hearing Office.

Once the review is completed the County Hearing Office will issue a determination notice via mail. If you do not agree with the determination made by the County Hearing Office a request for a State-Level Fair Hearing may be submitted. Please know that by completing the form below, you are requesting only a County Level Review.

For any questions in regards to your request, general hearing questions, or concerns please contact the County Hearing Office directly.

County Hearing Office
hearings@larimer.gov
 970-498-7637

I am requesting a County Level Review for the following program indicated below

- ☐ Adult Financial
- ☐ CCAP
- ☐ Colorado Works / TANF
- ☐ Medical Assistance
- ☐ Long Term Care
- ☐ Options for Long Term Care
- ☐ SNAP

Please provide in detail the reason for the request

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Signature	Date
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