



SECTION 511- INELIGIBILITY CLOSURE

Date

NAME

ADDRESS

CITY, PA ZIP CODE

Dear FIRST NAME,

Your case has been closed with the Office of Vocational Rehabilitation effective (DATE OF CLOSURE). Based on information you have provided your counselor, you were determined to be "ineligible" for services at this time.

If you are in disagreement with this case closure you must appeal this decision in writing within 30 days to: Director, Bureau of Vocational Rehabilitation Services, 1521 North Sixth Street, Harrisburg, PA 17102. Your letter should indicate what action you are appealing and the remedy you desire. If you do not file the appeal within 30 days of the date of this letter, your appeal may not be considered.

You may also contact the Client Assistance Program (CAP) at Voice/TDD: 215-557-7112, Fax: 215-557-7602, Toll Free: 888-745-2357 or by mail at Client Assistance Program, 1515 Market Street, Suite 1300, Philadelphia, PA 19102. CAP staff may be able to provide advice and/or assistance to help you gather additional information, to resolve problems, or to assist you with a formal appeal.

If you have any questions regarding your case, please contact me. You may reapply for vocational rehabilitation services at any time in the future by contacting OVR

Sincerely,

Your name