

**Mark-
up**

XIV. DUE PROCESS Due Process Forms

Page

XIV 11-13 : Any and all references to Social Security the following shall be added:
“LIST THE LAST FOUR DIGIT OF SOCIAL SECURITY NUMBER on the following forms:

Request for Administrative Review Form
Request for Mediation Form
Request for an Impartial Hearing Form

Page

XIV-13

Arkansas Rehabilitation Services Request for An Impartial Hearing Form

Added the following mailing, fax, and email address:

SEND THIS FORM BY MAIL, FAX OR EMAIL TO:

ARS Commissioner

525 West Capitol

Little Rock, AR 72201

Fax: 1-501-296-1141

Email: ARS.Commissioner@arkansas.gov