



Manitoba

Health

Appeal Panel for Home Care

Rm. 4012 - 300 Carlton St.

Winnipeg MB R3B 3M9

Telephone: 788-6788 Fax: 948-2024

Toll Free 1-800-491-4993

Email: appeals@gov.mb.ca

Website: www.homecareappeals.mb.ca

Notice of Appeal

Client Name: _____ Age: _____

Address: _____

Postal Code: _____ Telephone: _____

Case Coordinator: _____

Local Regional Health Authority Office : _____

Reason for Appeal:

1. I applied for Home Care services and disagree with program decisions about my:

a) eligibility for service

b) level of service

2. I disagree with Home Care Program changes to my care plan

3. Other: _____

Describe specific reason for appeal: _____

What I want/expect: _____

(use reverse side of this form if required)

Have you brought this most recent concern to the attention of the local RHA office:

Yes No

What was the response to your concern? _____

I give my consent for the Appeal Panel for Home Care to obtain my records from the Provincial Home Care Program.

Date: _____

Client/designate signature

Please turn over

