



GREGORY C COLLINS  
SUPERINTENDENT  
217-424-1376

## APPEALING A DECISION MADE ON ASSISTANCE APPLICATION

### Sub-Section 1001

### Right of Appeal

An individual who applies for or receives Veterans Assistance has the right to appeal any of the following:

1. Refusal of the VACMC to accept any application;
  2. Failure by the VACMC to act upon an application, make a decision or take appropriate action on any request which an applicant makes within fifteen (15) calendar days of the date of the application or request;
  3. A decision by the VACMC to deny an application;
  4. A decision by the VACMC to reduce, suspend, terminate, or in any way change the amount of assistance;
  5. A decision granting assistance in an amount which the applicant/recipient deems inadequate;
  6. An issue of policy, if the applicant/recipient is aggrieved by its application;
- or
7. A determination by the VACMC that the applicant shall be red-flagged a minimum of twelve (12) months.

An individual who applies for or receives Veterans Assistance and wishes to appeal any VACMC action enumerated in the foregoing paragraph can file a formal appeal for a fair hearing. The request to appeal is to be made in writing on the form prescribed by the VACMC. The appeal is to be heard at a location, within Peoria County, to be determined by the VACMC. The appellate shall receive written notification of the date, time, and location of the hearing by the VACMC no later than fifteen (15) business days prior to the hearing date.

The applicant/recipient or his/her duly appointed representative must exercise the right of appeal within fifteen (15) calendar days after the decision of the VACMC. If the appeal is not made within the fifteen (15) day period, the VACMC action shall be final.

The fifteen (15) day period begins with the date of personal receipt of the decision by the applicant/recipient or, in the case of mailing, receipt shall be deemed to be within three (3) business days of the date of the postmark.

The fifteen (15) day period does not apply when the VACMC fails to take action on a specific request or denies a request without informing the applicant/recipient.

141 S MAIN ST RM 210 DECATUR, IL 62523

[WWW.MACONVETERANS.US](http://WWW.MACONVETERANS.US)



GREGORY COLLINS (217) 424-1376 PH  
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## **NOTICE OF APPEAL**

Superintendent  
Veterans Assistance Commission  
Of Macon County  
141 S Main St, Suite 210  
Decatur IL 62523

Dear Superintendent:

By this writing, I, \_\_\_\_\_, request an Appeal on the decision of my request of financial assistance to Macon County Veterans Assistance Commission made on the date of \_\_\_\_\_.

I feel I was wrongfully denied assistance by the VAC.

I believe this decision to be wrong due to:

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Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Received by the Veterans Assistance Commission of Macon County this \_\_\_\_\_  
Day of \_\_\_\_\_ 2021.