



SHASTA COUNTY HEALTH AND HUMAN SERVICES AGENCY
2640 Breslauer Way
Redding, CA 96001
www.shastahhsa.net

Shasta County Health & Human Services Agency
Attn: Compliance & Quality Improvement
P.O. Box 496005
Redding, CA 96049-6005

CONTINUING SERVICES DURING YOUR APPEAL

We will still give you services through this process.

You will be treated fairly.

FASTER APPEAL

If it affects your health, you can request that an appeal be looked at within 72 hours.

Our ADA coordinator may be reached at:
530-225-5515 (phone)
530-225-5345 (fax)

For questions, or the status of your appeal, contact Managed Care at
530-245-6750 or
1-888-385-5201
TTY: 711



Shasta County
**Health & Human
Services Agency**

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Redding, CA 96001
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Revised 10/2023

Appeal Form

**Decisions about
your mental
health care
can be reviewed.**

For help, call:
(530) 245-6750

WHY FILE AN APPEAL?

Shasta County tries to work fairly with everyone but sometimes things do not work out. You can file an appeal if you are not happy with your services.

HOW TO FILE AN APPEAL

Fill out this form or tell us. To tell us, call 530-245-6750 or 1-888-385-5201.

You can mail the form to the address on the back or give it to your health care worker.

You will be treated fairly during this process.

APPEAL REQUEST FORM

You may ask for help filling out this form or have someone do it for you. You will be treated fairly if you file an appeal.

Date: _____ **Where did you get your services?:** _____

Name: _____ **Birth Date:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Telephone: (home) _____ (work) _____ (cell) _____

Primary Language Spoken: _____

Describe the reason for your appeal: _____

What do you think could be done to fix this? _____

Is this an expedited appeal? If yes, please explain why. _____

Signature: _____

If your appeal is because your services will change and you do not want the change, then you have to file your form within ten days of the date there was a change.