



2640 Fountain View Drive ■ Houston, Texas 77057 ■ 713.260.0500 P ■ 711 TTY ■ www.alliancehtx.org

REQUEST FOR INFORMAL REVIEW
(HCVP Applicants ONLY)

Date: _____ Client ID#: _____

Name: _____

SS Number: _____ Phone No.: _____

Current Address: _____

Email: _____

Any information or documentation you would like considered with your review must be attached to this request.

You will NOT be scheduled for an appointment. Your request and file will be reviewed by a Hearing Officer, who will issue a written final decision.

Comments: _____
