



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 DIVISION OF FAMILY SERVICES  
**NOTICE OF CASE ACTION**

<b>FROM</b>	CASEWORKER	TELEPHONE NUMBER	DATE
	COUNTY OFFICE ADDRESS (STREET, CITY, STATE, ZIP CODE)		
<b>TO</b>	NAME	<b>RE</b>	CASE NAME
	ADDRESS (STREET)		CASE NUMBER
	CITY		STATE

- We have taken the following action(s) on your **Temporary Assistance** case.
  - Your grant will be \$ \_\_\_\_\_ because \_\_\_\_\_
  - This change will affect your benefit amount beginning the month of \_\_\_\_\_.
  - Your application for cash benefits has been rejected because \_\_\_\_\_
  - Your cash grant has been discontinued effective \_\_\_\_\_ because \_\_\_\_\_
- You remain eligible for MC+ healthcare coverage.
- We have taken the following action on your **Medical Assistance for Families (MAF)** case.
  - Your application for Medical Assistance for Families (MC+ healthcare benefits) has been rejected because \_\_\_\_\_
  - Medical Assistance for Families (MC+ healthcare benefits) has been discontinued for the following persons:
    - \_\_\_\_\_
    - \_\_\_\_\_
    - \_\_\_\_\_
  - The last day of MC+ healthcare coverage is \_\_\_\_\_.
  - These healthcare benefits have been discontinued because \_\_\_\_\_
- Your eligibility for health coverage has changed to Transitional Medical Assistance because \_\_\_\_\_
- There has been no change in your healthcare benefits. Coverage will continue through \_\_\_\_\_.
- If you meet certain requirements, you may be eligible for an additional six months coverage.
- Your Medical Assistance for Families healthcare benefits have been reinstated effective \_\_\_\_\_.
- The reason for this action is \_\_\_\_\_

If Child Support is being collected by the Division of Child Support Enforcement for children for whom Temporary Assistance has been discontinued, these payments will now be directly forwarded to you.

If you disagree with this decision, you have the right to request a hearing within 90 days from the date of this letter. If you request a hearing you may present the information yourself or you may be represented by your own attorney or by other persons who know your situation. You have the right to present witnesses in your own behalf and to question witnesses who appear at the request of the Division of Family Services. For the possibility of free legal services, call \_\_\_\_\_.

**If your situation changes, you must report these changes to the local Division of Family Services office. The law provides penalties for any persons who receive benefits to which they are not entitled through misrepresenting the facts or not reporting full information about their situation.**

If you seek medical coverage under another health insurance plan, such as a group plan offered by your employer, you may need a Certificate of Creditable Coverage showing when you were covered by MC+ healthcare. The certificate may help prove you have met part or all of an exclusionary period for pre-existing medical conditions. You may request a certificate within 24 months of losing MC+ healthcare benefits. You may request a certificate by calling the Division of Medical Services, Recipient Services at 1-800-392-2161.

**You may choose to stop your cash benefits to save your 60 month life time limit, without losing your healthcare benefits. Contact your worker for further information.**

NAME	TITLE
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Enclosure: Information Leaflet No. \_\_\_\_\_