

Sample Non-Custodial Parent Pre Closing Review Letter

Name
Address
Address

Date:

Dear

Your MC+ healthcare coverage will end _____ as you will have exhausted the twenty-four (24) months of benefits allowed under the Non-Custodial Parent program per 13 CSR 70-4.090.

Eligibility may exist for MC+ healthcare or other medical assistance programs if any of the following apply:

- You have a physical or mental disability which is expected to prevent employment for at least 12 months;
- You are pregnant;
- You are blind; or
- A change in circumstances has occurred, such as a change in income; or
- As a non-custodial parent, you are current in paying child support.

Please contact me at your local Family Services Office by _____ if any of the above apply so we may evaluate eligibility for other MC+ healthcare or medical assistance coverage.

Sincerely,

MC+ Service Representative