

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

FROM	Caseworker	Telephone Number	Date
	County Office Address (Street, City, State, Zip Code)		
TO	Name	RE	Case Name
	Address (Street)		Case Number
	City State Zip Code		

Your application for _____ has been approved.

- Your Medicaid coverage will begin _____.
- You are eligible to purchase Medicaid coverage.
 Your coverage could not begin until _____ because your income exceeds the maximum allowed to receive coverage prior to this date or without paying a premium. Your premium is based upon your monthly income of \$ _____. You selected _____ as your beginning month of coverage. You must pay a premium of \$ _____ for each month of coverage from the month selected forward. You will receive a notice of your total premium along with payment information from the Premium Collections Unit. After the initial notice you will be billed monthly for the next month's premium, example billed in January for February. Coverage does not begin until the premium is received.
- Your cash grant will be \$ _____, beginning _____.
- Other: _____

If you do not agree with this decision, you have the right to ask for a hearing within 90 days of the date of this letter. To request a hearing, call the local Division of Family Services office _____.

If you request a hearing, you may present your information yourself or may ask anyone else to assist you. You have the right to present witnesses in your behalf and to question witnesses who appear at the request of the Division of Family Services. To see if you can get free legal services call _____.

Read and keep the enclosed leaflet(s) for important information about your benefits.

It is very important that you inform us immediately when your employment status changes, if your income or assets change and when you move or change your address.

If your situation changes it is your responsibility under the law to report these changes at once to your local county 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.

NAME	TITLE
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Enclosure: Information Leaflet No. _____