



MISSOURI
DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION

CASE ID:
COUNTY :
INDEX :

Dear

According to the information available to the Family Support Division, your Social Security/ Supplemental Security Income benefits will increase by _____ in January 2007. As a result of these changes and in accordance with 13 CSR 40-2.120, your grant will be beginning in January 2007. If the amount shown is zero, you are no longer eligible for a cash grant.

YOUR MEDICAID BENEFITS WILL CONTINUE UNTIL FURTHER NOTICE.

If you believe this decision is not correct, you have the right to request a hearing by phone, in person, or in writing. Should you request a hearing within 10 days of the date of this letter, your benefits will continue until a hearing decision. If you do not request a hearing, your case will be closed or benefits reduced. If you wish to request a hearing after the above action, you have 90 days from January 1, 2007 to make the request.

At the hearing, you may present your case or be represented by someone else, including an attorney. You may bring or question witnesses.

Sincerely,

Eligibility Specialist
Load #
Phone #