

09/04/07

INDIVIDUAL'S NAME:
INDIVIDUAL'S DCN:

NOTICE

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NOTICE TO SUPPLEMENTAL NURSING CARE RECIPIENTS

Effective September 1, 2007, the Supplemental Nursing Care Personal Expense Allowance is being increased by \$5.00 per month to a maximum grant of \$30.00 per month.

If you agree with the above decision, you do not have to request a hearing.

If you feel this action is wrong, you have the right to request a hearing within 90 days of the date of this letter. You may request a hearing by mail, by telephone, or in person through your local Family Support Division office.

At the hearing, you may present your information yourself or you may be represented by your own attorney or by other persons who know your situation. If you do not have an attorney, or cannot afford one, you may be able to get help from Legal Aid or Legal Services in your area. You have the right to bring witnesses to testify at the hearing and to question witnesses who appear at the request of Family Support Division.