

SAMPLE TEXT FOR GR ADVANCE ADVERSE ACTION NOTICE

Family Support Division
Address
Address

NOTICE OF CASE ACTION

CASE NO.:

Client
Address
Address

Your medical benefits under the General Relief program end June 30, 2005. House Bill 11 (2005) did not provide funding for General Relief State Medical Benefits after June 30, 2005. RSMo 208.162 requires that benefits be eliminated when appropriated funds are not sufficient to pay for the benefits.

If you feel you are disabled and need medical care, contact your local Family Support Division office for information on other programs that may be available.

If you believe this action is wrong, you have until June 20, 2005 to contact your local office and request a hearing. You may request a hearing by mail, by telephone, or in person through your local Family Support Division office. If you request a hearing by this date, your benefits will continue pending the results of the hearing. If you request a hearing, it will be held _____ at the local Family Support Division office. At the hearing, you may present your information yourself or 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 the Family Support Division. If you have special needs or require other special accommodations to be able to participate in the hearing, please call 1-573-526-5240 on or before June 20, 2005.

Contact your caseworker at the telephone number below if you have questions.

Sincerely,
Caseworker
Load #
Phone #