

**NOTICE OF COOPERATION IN ESTABLISHING PATERNITY AND
OR MEDICAL SUPPORT**

Dear _____:

We have been notified by Child Support Enforcement Section that you have now cooperated with establishing paternity of or establishing medical support for the children for whom you are the caretaker. This allows you to possibly re-qualify for Medicaid. You cannot be eligible before the month in which you cooperated. Your eligibility is based on the date of your reapplication.

In order to determine if you are now eligible for Medicaid you must reapply for assistance at the _____County Department of Social Services. The _____County Department of Social Services telephone number is: _____

Caseworker Signature

Date