

NOTICE OF BENEFITS DENIED OR WITHDRAWN

Date Mailed _____

Name

Address

We are taking action on your application. Please read all pages of this form carefully for important information.

Your application for _____ is _____

because: _____

If this block is checked, you will get a separate letter about your Medicaid benefits.

The State regulations requiring this action are found in _____.

HEARING RIGHTS: If you disagree with this decision, you have a right to a hearing to review this decision. Call your worker at the number below within 60 days to ask for a hearing. The 60th day is _____. If you do not ask for a hearing by this date, you cannot have a hearing unless you have a good reason for missing this deadline. You may reapply for benefits at any time. To protect your rights, you may BOTH reapply AND ask for a hearing.

FREE LEGAL HELP: Free Legal Aid may be available to help you. Contact your nearest Legal Aid or Legal Services office, or call **1-877-694-2464** toll free.

Caseworker Name and Phone Number

Address

FOR OFFICE USE ONLY:

County Case # _____

Case ID # _____

Aid Program/Category _____

PLEASE CONTINUE READING FOR IMPORTANT INFORMATION ABOUT YOUR RIGHT TO A HEARING.

DSS-8109

Notice of Benefits Denied or Withdrawn

Did you not do something your caseworker asked you to do?

You can call your caseworker to explain why and try to solve the problem.

Did your caseworker make a mistake or has your situation changed?

Call your caseworker right away.



**Is there still a problem?
You can ask for a hearing.**

If you think we are wrong or you have new information, you have the right to a hearing. You must ask for this hearing within 60 days (or 90 days if you have a good reason for delay). This hearing is a meeting to review your case and give you the correct benefits if it was wrong.

Call or write your caseworker to ask for a hearing. A local hearing will be held within 5 days of your request unless you ask for it to be postponed. The hearing can be postponed, for good reasons, for as much as 10 calendar days. Then, if you think the decision in the local hearing is wrong, call or write your caseworker **WITHIN 15 DAYS** to ask for a second hearing. The second hearing is before a state hearing official.

If you ask for a hearing on Work First and you live in an electing county, the second hearing is before a county official.

If you are requesting a hearing about disability, call or write your caseworker to ask for a hearing. There is no local hearing. A state hearing officer holds the disability hearing.

Did you know you have the right to be represented?

You may have someone speak for you at your hearing, such as a relative or a paralegal or attorney obtained at your expense. **Free legal services may be available in your community.** Refer to the phone number on the other side of this notice.

If you have additional questions or concerns, contact your caseworker for information, or call the CARE-LINE, Information and Referral Service, toll free at 1-800-662-7030. If you live in the Raleigh area, call 919-855-4400. TDD/Voice for the hearing impaired is also available through the CARE-LINE number. Their hours of operation are 8 am to 5 pm, Monday through Friday.

Did you know you have the right to see your record?

If you ask, your caseworker will show you (or the person speaking for you) your benefits record before your hearing. If you ask, you may also see other information to be used at the hearing. You can get free copies of this information. You may see this information again at your hearing.

Do you understand your rights?

Do you understand how to get a hearing? If you have any questions, please contact your caseworker as soon as possible.

I. PURPOSE OF THE FORM

- A. Use the automated DSS-8109 or the manual DSS-8109 to deny an application in any aid program/category when ineligibility is established.
- B. Use either form when the client requests that an application in any aid program/category be withdrawn.

II. GENERAL REQUIREMENTS

- A. If the notice is handwritten, the writing must be legible.
- B. Use language that is clear and understandable. Avoid the use of program jargon or abbreviations that are unclear to those outside the agency.
- C. Write out all dates completely, including month, day and year. Do not use numbers for the month. For example, write September 15, 2005, rather than 9/15/05.
- D. Keep a legible copy of each manual notice in the case record.

III. INSTRUCTIONS FOR COMPLETING THE DSS-8109, NOTICE OF BENEFITS DENIED OR WITHDRAWN

- A. Enter the name of your county, the date the notice is mailed and the recipient or casehead/payee’s name and mailing address.
- B. “Your application for _____ is _____ because:”
 - 1. Enter the aid program/category for which the person applied in the first space. If this is an application for Work First and both Work First and Medicaid are denied or withdrawn, write “Work First and Medicaid”.
 - 2. Enter “denied” or “withdrawn” in the second space.
 - 3. Explain exactly why the application is denied or withdrawn, using language that is easy to understand. Refer to the text for the automated codes for appropriate wording.

“Your income is more than the income limit.”

“Your assets exceed the limit. The value of countable assets must be less than _____ to get Work First.”

(III.B)

4. Check this block if a separate evaluation (spin off) is being done for Medicaid.

All denied WFFA applications must be evaluated for Medicaid unless the reason for denial is one of the exceptions listed in MA-2352, Terminations/Deletions.

- C. “The State regulations requiring this action are found in”

Cite the manual reference from the appropriate manual that supports the denial or withdrawal. It is not necessary to cite what is in the section. You have already explained why the application was denied or withdrawn.

- D. Hearing Rights

Enter the deadline date for the applicant to request a hearing. The deadline date is the 60th calendar day after the date the notice is mailed. Begin counting the 60 calendar days on the day following the date of the notice. If the 60th day falls on a non-workday, the applicant has until the end of the next workday to request a hearing.

- E. Enter the caseworker name (typed or written legibly), the phone number and the agency mailing address.

- F. “For Office Use Only”

Use this area to enter information to identify the applicant’s:

- County case number, and
- EIS case id number, and
- Aid program/category.