(Status Notice – On County Letterhead)

_____
Date

Dear _____:

The _____ County Department of Social Services has accepted your application for a new limited Medicaid program called Medicaid for Qualifying Individuals. The benefit for this program is partial payment of your Medicare Part B premium. Your income and assets meet the guidelines for this program. You will receive a notice when the final action is taken on your application.

_____
Income Maintenance Caseworker

_____
Telephone Number

MA-2165, Figure 2