

**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- B. Use either form when the client requests that an application in any aid program/category be withdrawn.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 INSTRUCTIONS FOR COMPLETING THE DSS-8109, NOTICE OF BENEFITS DENIED OR WITHDRAWN**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 If this is an application for Work First and both Work First and Medicaid are denied or withdrawn, write "Work First and Medicaid".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 Enter "denied" or "withdrawn" in the second space.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 Explain exactly why the application is denied or withdrawn, using language that is easy to understand.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."

**DSS-8109**

**Notice of Benefits Denied or Withdrawn**

**REISSUED 01/01/06 – CHANGE NOTICE 02-06**

(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 You have already explained why the application was denied or withdrawn.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 60<sup>th</sup> 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 60<sup>th</sup> 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.