
(date)

Dear _____:

You applied for Medicaid on or after October 1, 2002. Your application was denied or you chose to withdraw it. There has been a change in policy that goes back to October 1, 2002 that could result in your being eligible for Medicaid for the period since you applied.

If you would still like to receive Medicaid from when you applied, please do one of the following within 30 days of the date of this letter. That date is _____.

Call me at this telephone number: _____

or

Complete the following information and return this letter to me in the enclosed envelope:

_____ I **do not** wish to receive Medicaid.

_____ I **do** wish to receive Medicaid. If so fill-in the remaining spaces.

A telephone number where you may be reached: _____

Times when you can be reached at this number: _____

I will attempt to call you three times. Please be available to the phone at these times.

Sincerely,
