

NOTICE OF ELIGIBILITY REVIEW

To: _____

cc: Responsible Person

Address: _____

Nursing Facility/HCBS Case Manager

The following checked boxes apply to you:

Other _____

- 1. Your eligibility ends _____ for Food Assistance Cash Assistance Medical Assistance Child Care.

If you want your benefits to continue, you must complete the enclosed application and return it no later than _____.

- 2. The address where your application must be filed is _____
 _____ Kansas _____ Call _____ for an appointment.
 City ZIP Telephone

- 3. You also must complete a scheduled interview. You are responsible for rescheduling any missed interviews.
 We will call you for a telephone interview on: _____
 Date Time

If you would prefer a face-to-face interview, call _____ to arrange that interview.

- A face-to-face interview has been scheduled for you at the SRS office at:
 _____ Kansas, on _____
 Street Address City Date Time

If the date and time noted above are not convenient, call _____ to arrange another time.
Telephone

- 4. You must also provide all required verification within 10 days from the date it is requested. Please provide the following information: _____

- 5. Other: _____

This action is taken in accordance with Kansas Economic and Employment Support Manual Sections 1412 and 9300 and subsections.

We will accept the enclosed application if it is signed and has a readable name and address. However, the application must be completed in order for your benefits to continue. If you need help in completing the enclosed application, we will help you.

You may return the application by mail, in person, or through an authorized representative. If you or your authorized representative cannot reapply in person, please contact your worker. If everyone in your household is receiving SSI benefits, you may apply for food stamp benefits at a Social Security Administration (SSA) Office.

Failure to return the enclosed application, complete an interview (if required), and provide the required verification may cause your benefits to be delayed or ended. You have the right to request a fair hearing.

Local Office _____ Signature/Date _____

RIGHT TO REQUEST A FAIR HEARING You have the right to ask for a fair hearing if you do not agree with a decision made on your case. **For cash and medical programs**, you must request an appeal in writing within 30 days of the date of this notice. If your written request is received prior to the effective date of the adverse action, you may continue receiving benefits at the current level if you request to do so. **For food stamps**, you may ask for a fair hearing in writing, in person, or by calling your SRS office anytime within 90 days of the date of this notice. If your request is received within 10 days of the date of this notice, your benefits may continue at the current level while waiting for the fair hearing. **For any program**, if you request to continue receiving benefits at the current level while awaiting the fair hearing, you may have to pay back any benefits you receive if the fair hearing decision is not in your favor. You may call (785) 296-3349 to find out if your community has a service that can give you free legal advice.

CIVIL RIGHTS PROVISION If you feel you have been discriminated against on the basis of age, race, color, sex, sexual orientation, religion, national origin, or political belief in any program or activity of SRS/Healthwave, call 785-296-4687 for information on filing a complaint.

PENALTY FOR FRAUD Persons found guilty of intentionally obtaining benefits for which they are not entitled will be barred from receiving assistance in accordance with program guidelines and may also be subject to a fine or imprisonment or both.

REPORTING CHANGES You are required to report changes to SRS. We will tell you which changes you are required to report. If you have questions about your reporting requirements, please contact your worker.

HEALTH INSURANCE You must report to SRS/Healthwave all changes in your health insurance coverage, health insurance coverage available through your employer, and insurance settlements due to accident or injury. You must notify your medical providers of all health insurance, including Medicaid, at the time of treatment.

TOLL FREE NUMBERS: HealthWave/Family Medical 1-800-792-4884
All other SRS services 1-888-369-4777

DERECHO A SOLICITAR UNA AUDIENCIA IMPARCIAL Usted tiene derecho a solicitar una audiencia imparcial si no está de acuerdo con una decisión tomada en su caso. **Para los programas médicos y de dinero en efectivo**, debe solicitar por escrito una apelación dentro de los 30 días posteriores a la fecha del presente aviso. Si su solicitud por escrito es recibida antes de la fecha efectiva de la acción adversa, si así lo requiere puede continuar recibiendo beneficios al nivel actual. **Para cupones de alimentos**, puede solicitar una audiencia imparcial por escrito, en persona o llamando a su oficina de SRS en cualquier momento dentro de los 90 días posteriores a la fecha del presente aviso. Si se recibe su solicitud dentro de los 10 días posteriores a la fecha del presente aviso, sus beneficios pueden continuar en el nivel actual mientras espera la realización de la audiencia imparcial. **Para cualquier programa**, si solicita continuar recibiendo beneficios al nivel actual mientras espera la realización de la audiencia imparcial, puede que deba devolver los beneficios recibidos en caso de que la decisión de la audiencia imparcial no le resulte favorable. Puede llamar al (785) 296-3349 para averiguar si su comunidad cuenta con un servicio que pueda proveerle asesoramiento legal gratuito.

CLÁUSULA DE DERECHOS CIVILES Si considera que ha sido discriminado/a por causa de su edad, raza, color, sexo, orientación sexual, religión, nacionalidad o creencias políticas en cualquiera de los programas o actividades de SRS/Healthwave, llame al 785-296-4687 para obtener información sobre cómo presentar un reclamo.

PENALIDADES POR FRAUDE Las personas culpables de obtener de forma intencional beneficios a los cuales no tienen derecho quedarán excluidas de recibir asistencia, de conformidad con los lineamientos del programa; podrán también ser condenadas al pago de multas, prisión o ambas.

INFORMACIÓN DE CAMBIOS Deberá informar los cambios a SRS. Le informaremos cuáles son los cambios que debe informar. Si tiene alguna consulta respecto a los requisitos de información, póngase en contacto con su trabajador(a) de caso.

SEGURO DE SALUD Deberá informar a SRS/Healthwave todo cambio en su cobertura de seguro de salud, en la cobertura de seguro disponible a través de su empleador, y todo pago de seguro debido a un accidente o lesión. En el momento del tratamiento, deberá notificar a sus proveedores de servicios médicos todo seguro de salud, incluido Medicaid.

NÚMEROS PARA LLAMADA GRATUITA: HealthWave/Family Medical 1-800-792-4884
Demás servicios SRS 1-888-369-4777