



Bob Wise
Governor

**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Children and Families
Office of Children and Family Policy
Division of Family Assistance
350 Capitol Street, Room B-18
Charleston, West Virginia 25301-3705
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Paul L. Nusbaum
Secretary

MEMORANDUM

DATE:

TO:

FROM: Medical Review Team, Division of Family Assistance

SUBJECT: ADDITIONAL MEDICAL REQUEST

The medical and/or social information furnished on this case is not sufficient to enable the reviewing physician to determine whether disability or incapacity exists. The reviewing physician is requesting the following information before a decision can be made.

When submitting the above information, please attach this memo.