



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bob Wise
Governor

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
Telephone: (304) 558-8290 Fax: (304) 558-2059

Paul L. Nusbaum
Secretary

Date: _____

Dear Former WV WORKS Participant:

You have requested that sanctions applied to your case during the time that you were a participant in the WV WORKS Program be reviewed. Our records indicated that your case was sanctioned on the following dates:

Sanction Date(s) _____

From the date that you receive this letter, you have 30 days to provide any medical records that verify that at the time a sanction was applied to your WV WORKS case, you were unable to participate because you suffered from a physical or mental illness or a learning disability. If you are unable to obtain these records yourself, but you can identify where such records may be obtained, a Designated Case Worker from your county office will be available to assist you in locating the records.

If you were approved for Social Security Disability Income (SSDI) or Supplemental Security Income (SSI) benefits based on a disability within two years of the time the sanction was applied, verification of this approval may be substituted for medical records.

Once you submit your medical records, your case will be reviewed to determine if you were disabled at the time a sanction was applied to your case. If it is determined that you were unfairly sanctioned, your case will be submitted to the WV WORKS 60 Month Review Committee with a recommendation to re-evaluate the new information for a possible extension for additional assessment and referral to appropriate services. If additional medical information is needed to make a determination, the Medical Review Team will be utilized and a referral will be made for you to be evaluated by a medical or mental health professional. If the Medical Review Team does not need to request additional information, you will receive a decision within 90 days.

Please submit your records to the address indicated below. If you have any questions, you may contact me at:

County Office	Address	Phone Number
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Sincerely,

Designated Case Worker