



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: _____

Former WV WORKS Participant:

You requested that the 60 month closure of your WV WORKS case be re-evaluated due to an existing physical or mental illness or learning disability that was not previously considered.

After reviewing of your case record, it has been determined that you were not disabled at the time any sanction was applied to your case or at the time that you did not receive an extension of benefits. This determination is based on the evaluations of your medical records and the information from your WV WORKS case record. These records indicate that any sanctions that were applied to your WV WORKS case were appropriate and correct and you were not disabled and no physical, mental illness or learning disability existed at that time.

If you have any questions regarding this decision, you may contact me at:

_____	_____
County Office	Phone Number

If you do not agree with this decision, you may request a Fair Hearing and/or a Pre-Hearing Conference. You must ask for a Fair Hearing and/or a Pre-Hearing Conference within 90 days of this notice. A Hearing Request form is enclosed, or you may make the request by phone or in person.

Sincerely,

Designated Case Worker