



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

After a review of the medical records you provided, it has been determined that you were disabled at the time a sanction or sanctions were applied to your case or at the time that you did not receive an extension of benefits. This determination is based on the evaluation of both your medical records and the information from your WV WORKS case record.

Your case will be referred to the 60 Month Review Committee with a recommendation to re-evaluate the new information for a possible extension for additional assessment and possible referral for additional services. A Caseworker will contact you regarding your eligibility for these services within 45 days.

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

County Office

Phone Number

Sincerely,

Designated Case Worker