



**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 taken into consideration during the time that you were receiving WV WORKS benefits. A notice was sent to you with information regarding the dates of the sanction(s) placed on your case and a request for medical documentation pertaining to your condition at the time of the sanction(s).

In order to re-evaluate the closure of your WV WORKS case, it was necessary for you to provide medical records within a thirty day period. No medical records have been received in our office, therefore your request for a re-evaluation of the closure of your WV WORKS case is denied.

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 or Pre-Hearing Conference within 90 days of this notice. A Hearing request is enclosed, or you may make the request by phone or in person.

County Office

Phone Number

Sincerely,

Designated Case Worker

Enclosure