



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
_____ District Office

Date: _____
Name: _____
Address: _____
Address: _____

Dear _____:

Your request for a support service payment has been denied. Under Section 24.14,A of the WV DHHR Income Maintenance Manual, you must meet all of the following requirements to receive a support service payment:

1. You must receive a WV WORKS check in the month the payment is for; and
2. You must be working; involved in another activity according to your Personal Responsibility Contract (PRC), or getting ready to do either of these; and
3. You must prove or show that you are not able to meet the requirements of your PRC unless you receive this support service; and
4. You must not have received the maximum amount available to you for this service; and
5. You must not owe the Department for repayment of a previous support service that you should not have received.

Based on our review, your request was denied because _____

You have the right to a Fair Hearing on the denial of your request. A form is enclosed for you to request one. You may also telephone, visit, or write your Worker to ask for a Fair Hearing. The following organization provides free legal services to eligible persons:

If you have questions at any time, please contact me.

Sincerely,

Family Support Specialist