



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

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

Dear _____:

Your request for a continued support service payment has been denied. Under Section 24.16 of the WV DHHR's Income Maintenance Manual, you must meet all of the following requirements to receive continued support service payments:

1. You must have received at least one WV WORKS check in the past 6 months; and
2. You must be working; and
3. Your family's gross, monthly income must be _____ or less; and
4. You must have a dependent child under age 19 living with you; and
5. You must not have received the maximum amount available to you for this service; and
6. **You do not owe the Department any repayment for a previous support service payment.**
7. Your check must not have stopped for failure to meet the requirements of your Personal Responsibility Contract.
8. **You have not previously been eligible for these payments.**

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