



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

DATE _____

Dear _____,

Our records indicated that you applied for _____
_____ on _____. A
decision has not been made on your application for the following reasons: _____

Under federal law you should have received a decision on your application by now. This notice was sent to you because your application was not acted on within the required time limit. You have the right to have your application processed in a timely manner. You have the right to request a Fair Hearing if you believe your application has not been processed within a reasonable time.

The following organizations provide legal services without charge to eligible persons: _____

If you have any questions, please contact your local DHHR office.

Sincerely,

DHHR Worker