



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

INDIGENT BURIAL PROGRAM

Denial of Application

Date: _____

Applicant's Name: _____

Address: _____

Address: _____

Dear _____ **:**

This letter is to inform you that your application for the Indigent Burial Program has been denied.

Deceased Name: _____

Date of Interment: _____

Date of Application: _____

Reason for Denial: _____

You have the right to a Fair Hearing due to the denial of your application. A Pre-Hearing Conference and/or Fair Hearing Request Form, DFA-FH-1, is enclosed for this purpose. 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.

Sincerely,

DHHR Worker

