

Client Notification

The date entered by the Worker is 60 days from the date of application. When the AG is denied for failure to provide information required to determine eligibility and subsequently provides the requested information within 60 days of the original application, a new DFA-2 is not required. If the information is not provided by the date requested, an ES-NL-A must be sent for denial.

2. WV WORKS

The Worker and the applicant must agree upon the date entered. If the form is mailed to the client, the Worker must use his judgment about a reasonable amount of time required for the client to provide the information. If the information is not provided by the date indicated, and the client has not contacted the Worker, the application is denied, if an eligibility factor is involved. The client must be notified by an ES-NL-A. If eligibility is established, but the client does not provide proof of entitlement to a deduction, the deduction is not allowed. The AG is approved, and the client is notified by an ES-NL-A.

3. Medicaid

The date entered must be at least 10 days or a time agreed upon with the applicant. See DUE DATE OF ADDITIONAL INFORMATION for each coverage group in Chapter 1.

Spenddown

The date entered here must be 30 days from the date of application when it is determined that the client will be required to meet a spenddown. The **DFA-6A** must be attached to the DFA-6. In addition, the DFA-6 must indicate that medical expenses must be provided by the deadline date shown on the form, and the amount required to meet the spenddown must be specified. This is in addition to any other verification which may be needed.

If the AG does not appear to be subject to a spenddown when the DFA-6 was issued, but verification of or a change in income results in a spenddown prior to approval, a new DFA-6 is issued to obtain medical bills to establish eligibility. However, the time limit for providing medical expenses remains 30 days from the date of application.

B. DFA-NL-6, NOTICE OF WITHDRAWAL OF APPLICATION

If the applicant withdraws his application, the Worker must give or mail him a DFA-NL-6.

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C. **DFA**-NL-A

NOTE: The **DFA**-NL-A must always be used with the Pre-Hearing Conference and/or a Fair Hearing Request Form, DFA-FH-1, and the appropriate computation forms.

The **DFA**-NL-A is used for approvals and denials for all programs. The form is self-explanatory, but must be completed in such a way as to provide the client with a full understanding of the reason for the action taken.

The Worker must use terms understandable to the client and avoid the use of agency jargon. Examples of proper and improper completion of sections of the form are shown below:

<u>Improper Completion of the Form</u>	<u>Proper Completion of the Form</u>
The action taken on your application is as follows: your application has been denied.	The action taken on your application is as follows: Your application for SNAP benefits has been denied.
The reason for this action is as follows: failure to cooperate.	The reason for this action is as follows: You did not verify the amount of your earnings by 2/10/2005. Income must be verified before SNAP benefits can be approved. The penalty for not doing this is denial of the application.
The Department's policy requiring this action is found in: Chapter 1 of the Manual.	The Department's policy requiring this action is found in Section(s) _____ of the Income Maintenance Manual.

In the space provided, the Worker must indicate the name, address and telephone number of local agencies or organizations which provide legal services without charge. Refer to Appendix A.

The information, which must be contained on the **DFA**-NL-A, is found below, by program.

1. Approvals

a. SNAP Benefits

The notice must include the month of approval, the amount of the benefit, pro-rated and ongoing, the length of the certification period, the reason for the approval, the Manual section on which the decision is based and any other action taken. If retroactive benefits