



**STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Children and Families
Office of Children and Family Policy
Division of Family Assistance
350 Capitol Street, Room B-18
Charleston, West Virginia 25301-3705
Telephone: (304) 558-8290 Fax: (304) 558-2059**

**Bob Wise
Governor**

**Paul L. Nusbaum
Secretary**

MEMORANDUM

DATE:

TO:

FROM: Medical Review Team, Division of Family Assistance

SUBJECT: ADDITIONAL MEDICAL REQUEST

The medical and/or social information furnished on this case is not sufficient to enable the reviewing physician to determine whether disability or incapacity exists. The reviewing physician is requesting the following information before a decision can be made.

When submitting the above information, please attach this memo.