



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Bob Wise
Governor

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

Paul L. Nusbaum
Secretary

Date: _____

Dear Former WV WORKS Participant:

You requested that the 60 month closure of your WV WORKS case be re-evaluated due to the existence of a physical or mental illness or a learning disability that was not taken into consideration during the time that you were receiving WV WORKS benefits. A notice was sent to you with information regarding the dates of the sanction(s) placed on your case and a request for medical documentation pertaining to your condition at the time of the sanction(s).

In order to re-evaluate the closure of your WV WORKS case, it was necessary for you to provide medical records within a thirty day period. No medical records have been received in our office, therefore your request for a re-evaluation of the closure of your WV WORKS case is denied.

If you do not agree with this decision, you may request a Fair Hearing and/or a Pre-Hearing Conference. You must ask for a Fair Hearing or Pre-Hearing Conference within 90 days of this notice. A Hearing request is enclosed, or you may make the request by phone or in person.

County Office

Phone Number

Sincerely,

Designated Case Worker

Enclosure