



Case Number:	0895736
Customer Name:	Jared Cooper
Phone:	(844) 558-2464
For the Hearing Impaired:	(800) 377-3529 (TTY)
Date of Notice:	10/01/2024
E-mail:	MyBenefits@dhw.idaho.gov
Fax:	(866) 434-8278

Jared Cooper
188 E 1375 N
LAYTON, UT 84041-2900

Hello! We have important information for your household.

As of 11/01/2024, Medicaid benefits for the following household member(s) will be **DISCONTINUED** for failure to complete a re-evaluation for continued Medicaid benefits.

- **Jared Cooper**

To ensure you do not lose your Medicaid benefits, you must re-evaluate as soon as possible using the information below, **or your Medicaid benefits will end on 10/31/2024 for Failure to Complete Determination.** (IDAPA: 16.03.01.600, 16.03.05.72, 16.03.05.623, 16.03.05.915)

What you need to do

Complete your re-evaluation by providing updated household and income information as soon as possible using one of the methods below:



Go online! Log in or register at idalink.idaho.gov. Once logged in, you will be prompted to complete your re-evaluation. Follow the steps online and upload copies of your verification documents.



Call us at 1-844-558-2464, Monday through Friday, 8:00 AM to 4:00 PM (MT), to complete your reevaluation with one of our Self-Reliance Specialists.



Complete a Medicaid Re-evaluation Form Call us to request a form by mail or visit mybenefitforms.dhw.idaho.gov to print, complete, and submit the form using the included instructions.

Next Steps/Questions

After you complete your re-evaluation, you will receive a notice containing the results of your eligibility. If you do not complete your re-evaluation, **your benefits will end on 10/31/2024.**

How to contact us

What would you like to do?

Get help understanding this notice in my language.

Language interpreter
1-877-456-1233

Get help with accessibility or accommodation.

Hearing impairment
1-800-377-3529 (TTY) or 1-800-377-1363 (Voice)

Report a change about my household.

Online
idalink.idaho.gov

Ask questions about my case.

Phone
1-877-456-1233
Monday through Friday 8:00 AM–6:00 PM (MT)

Request/replace my Medicaid Identification card.

Email
mybenefits@dhw.idaho.gov

In-person
Monday through Friday 8:00 AM–5:00 PM

Visit our website at healthandwelfare.idaho.gov or call 1-877-456-1233 to find a local office.

Learn about other programs and services available to me.

If you have questions about other programs and services, contact the 2-1-1 Idaho CareLine.

The 2-1-1 Idaho CareLine provides information about statewide community and state health and human programs and services. Dial 2-1-1 or 1-800-926-2588.

Appeal this decision.

Review your rights on the **Your rights** page.

Online
Complete the *Fair Hearing Request Form* at mybenefitforms.dhw.idaho.gov

Phone
1-877-456-1233
Monday through Friday 8:00 AM–6:00 PM (MT)

Email
mybenefits@dhw.idaho.gov



idalink

idalink is Idaho's online self-service website where you can view information about the benefits you receive, report a change, and apply for other programs offered by IDHW. Registering is easy. Visit idalink.idaho.gov to get started today!

Your rights

Accessibility and interpretation services

The Idaho Department of Health and Welfare (IDHW) offers the following services free to you. Please ask if you need the following assistance to communicate more effectively with us:

- Assistance in understanding this form
- Accommodation for a disability
- Language Interpreter

To access any of these services, please call: 1-877-456-1233 or 1-800-377-3529 (TTY) for those with a hearing impairment.

Appeal/Hearing

You have the right to ask for a hearing if you disagree with IDHW's action. You have 90 days to ask for a hearing for Food Stamps, and 30 days for Temporary Aid for Families in Idaho (TAFI), Idaho Child Care Program (ICCP), Aid to the Aged/Blind/Disabled (AABD) Cash, and Medicaid. These timeframes start the day after IDHW gave or mailed you the notice of this decision.

IDHW has up to 90 days after the Medicaid fair hearing request to hold a hearing and issue a decision. If Medicaid benefits are at risk, you may have the right to request an expedited hearing with a decision made in seven days. A household may be eligible for an expedited hearing if IDHW determines the regular time allowed for a hearing may jeopardize the individual's life, health, or ability to attain, maintain, or regain maximum function.

In certain instances, you may be eligible to continue receiving your benefits while your appeal is being considered. If your appeal is denied, you will be liable to repay any benefits received during this period. If you are interested in pursuing this option, your appeal must be received by the discontinuance date listed on page one of this notice. Please ask about this option when requesting an appeal.

Please be advised that a reevaluation of eligibility will be assessed for all members of the household at the time this appeal is considered.

To request a hearing or a legal aid referral, call 1-877-456-1233, email us at mybenefits@dhw.idaho.gov, or fill out and submit the Fair Hearing Request Form at mybenefitforms.dhw.idaho.gov. At the hearing, you may represent yourself, use legal counsel, a relative, a friend, or other spokesperson.

Discrimination

In accordance with federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, IDHW is prohibited from discriminating, excluding people, or treating them differently on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. If you believe you have been discriminated against, please contact HHS, USDA or IDHW at:

U.S. Department of Health and Human Services
200 Independence Ave, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 (Voice)
1-800-537-7679 (TTD)

USDA Office of Adjudication 1400 Independence Ave. S.W. Washington, D.C.
20250-9410
1-800-795-3272 (Voice)
1-800-877-8339 (TTY)

Idaho Department of Health and Welfare
Civil Rights Manager
P.O. Box 83720 Boise, ID 83720-0036

For more information about the Idaho Department of Health and Welfare's nondiscrimination policy, visit: healthandwelfare.idaho.gov

Español (Spanish)	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-456-1233 (TTY: 1-800-377-3529).
繁體中文 (Chinese)	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-456-1233 (TTY: 1-800-377-3529)。
Srpsko-hrvatski (Serbo- Croatian)	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-456-1233 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-377-3529).
한국어 (Korean)	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-456-1233 (TTY: 1-800-377-3529)번으로 전화해 주십시오.
नेपाल (Nepali)	ध्यान दिनुहोस्: तपाईंले नेपाली बोलुनुहुन्छ भने तपाईंको निमित्त भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-877-456-1233 (टिडिवाइ: 1-800-377-3529) ।
Tiếng Việt (Vietnamese)	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-456-1233 (TTY: 1-800-377-3529)
العربية (Arabic)	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 1-877-456-1233 (رقم هاتف الصم والبكم: 1-800-377-800-1).
Deutsch (German)	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-456-1233 (TTY: 1-800-377-3529).
Tagalog (Tagalog/ Filipino)	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-456-1233 (TTY: 1-800-377-3529).
Русский (Russian)	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-456-1233 (телетайп: 1-800-377-3529).
Français (French)	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-456-1233 (TTY: 1-800-377-3529).
日本語 (Japanese)	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-456-1233 (TTY: 1-800-377-3529) まで、お電話にてご連絡ください。
Română (Romanian)	ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-877-456-1233 (TTY: 1-800-377-3529).
Ikirundi (Bantu-Kirundi)	ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-877-456-1233 (TTY: 1-800-377-3529).
فارسی (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان 1233-456-877-1 (TTY: برای شما بکیرید تماس 1-800-377-3529) با. باشد می ف