

Department of Health and Mental Hygiene  
Division of Eligibility Waiver Services (DEWS)  
Schaefer Tower,  
6 St. Paul Street, Suite 401  
Baltimore, Maryland 21202

MA No.: 12345678901

Date: 08/04/2014

Eric Test  
Test Street 1  
Baltimore, MD 20103

Re: Eric Test:

In order for us to determine continued Medical Assistance eligibility for the above client, you must supply the following information by the requested due date. Information can be sent by mail or fax.

- ☐ Account Verification: \_\_\_\_\_
- ☐ Unearned Income Verification (i.e. Social Security, retirement, pensions, etc):  
\_\_\_\_\_
- ☐ Earned Income: \_\_\_\_\_
- ☐ Life/Medical Insurance: \_\_\_\_\_
- ☐ Citizenship or Alien Status: \_\_\_\_\_
- ☐ Identity: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_
- \_\_\_\_\_

Please return this information by \_\_\_\_\_ or the application for Medical Assistance may be denied or closed on \_\_\_\_\_ per Maryland Regulation, COMAR 10.09.24.04J(3)(d).

Sincerely,

dewsadministrator1 DEWS  
Eligibility Case Worker  
Division of Eligibility Waiver Services  
Phone: 4107156539  
Fax: \_\_\_\_\_

cc: Authorized Representative  
Support Planner  
Home and Community-Based Options Waiver  
Division