This is the language when selecting Ongoing Medicaid-Eligible Client under Ongoing or New App?

Dear

A payment slot is now available for the _____ Waiver. If you are still interested in receiving waiver services, please sign and return this letter by _____. If you don't, the slot will be awarded to the next person on the list. If you need waiver services later, you can reapply to be placed on the waiting list.

Please let me know if you are interested in this waiver or if you have any questions.

Sincerely,

I am interested in the _____ Waiver.

Signed: _____

Date: _____

Phone: _____

This is the language when selecting New App Required (attach….) under Ongoing or New App?

Dear

A payment slot is now available for the _____ Waiver. If you are still interested in receiving waiver services, please

complete and return the enclosed application by _____. mine

sign and return this letter by _____. wise

If you don't, the slot will be awarded to the next person on the list. If you need waiver services later, you can reapply to be placed on the waiting list.

Please let me know if you are interested in this waiver or if you have any questions.

Sincerely,

Enclosure: Application for Health Coverage and Help Paying Costs, form 470-5170