

STATE OF COLORADO



December 28, 2017

[Name]
[Mailing Address]
[City], [ST] [ZIP]

[County Name]
[County Address]
[City], CO [ZIP]
[County Phone]

Case ID number: 456456456

Request for More Information

Dear [NAME]:

We need more information to make a decision about your household's benefits. **Please send the information below by the due date listed**, or your benefits may be denied or may end. If this happens, you will get a separate letter to tell you which benefits were denied, when your current benefits will end, and what you can do to appeal.

Information We Need

Please send the information requested for each person below. For instructions about how to send this information, see the section, **"Where to Send the Information."**

To choose the right type of proof to send for each item, first check if there is a note in the "Notes" section below the item. If there is no note and you are not sure what we need, please call us for more information.

Information needed for [Person 1]

Information to send	Due date for each program: send one copy by the earliest date listed
A statement from your medical provider to confirm your disability.	01/15/2018 for Adult Financial
Notes:	
Complete the disability application we sent you by the due date.	01/30/2018 for Medical Assistance
Notes:	

Information to send	Due date for each program: send one copy by the earliest date listed
<p>A signed statement from anyone who is giving you something besides money (examples: free rent, free meals, clothing, a car). The statement should say what you are getting and how often (such as weekly, monthly, or just once).</p> <p>Notes: You wrote on your application that you are not paying rent. We need a letter from your landlord, family member, or other person who is not charging rent.</p>	<p>01/15/2018 for Adult Financial</p> <p>01/30/2018 for Medical Assistance</p>

Information needed for **[Person 2]**

Information to send	Due date for each program: send one copy by the earliest date listed
<p>Proof of cash or an asset that can easily be changed to cash (examples: bank account statements, investment accounts, income tax refund, statement declaring how much cash savings you have).</p> <p>Notes: You only need to send copies of your most recent bank account statements for all bank accounts, including joint bank accounts.</p>	<p>01/15/2018 for Adult Financial</p> <p>01/30/2018 for Medical Assistance</p>
<p>A copy of your vehicle registration.</p>	<p>01/15/2018 for Adult Financial</p> <p>01/30/2018 for Medical Assistance</p>
<p>Proof of the current resale value of an asset you own, or the cash value of an account you have. See Notes or contact us for more information.</p> <p>Notes: Please send something that shows the value of the farm equipment you have, if you were to sell it now.</p>	<p>01/15/2018 for Adult Financial</p>

For Medical Assistance programs that require information about your resources, such as verifications of bank accounts, we may get this information directly from financial institutions.

If you are applying only for the Health First Colorado Medicaid Buy-In Program for Working Adults with Disabilities: If you are under age 65 with a disability, are currently

working, and you want to apply only for this program, you don't have to send documents about the value of your property or accounts even if it was requested in the section above. Send all other requested information.

Where to Send the Information

Send copies, not original documents. **Write your case ID number on every page of each document you send or upload.** See page 1 of this letter for your case ID number.

Choose one of these three ways to send your information:

1. Go to CO.gov/PEAK and upload your information. If you do not have an account, you can create one.
2. Mail or drop off:
[County Human Services Office]
[County Address]
[City], CO [ZIP]
3. Fax: 303-555-1213

For Questions and Help

Contact us at [County Phone] if you need help or can't return the documents by the due date. We may be able to give you extra time if you are having trouble getting the documents.

Sincerely,

[County Department of Human Services]
[County Phone]