

**Georgia Department of Human Services
Division of Family and Children Services
SSI Continuing Medicaid Determination Notice (Ex Parte Cover Letter)**

Date _____

Dear _____ :

Our agency was recently notified by the Georgia Department of Community Health (DCH) that your Supplemental Security Income (SSI) was terminated or application for SSI was denied by the Social Security Administration (SSA). There are many reasons why your SSI would be terminated, including approval for other benefits.

You were placed on TEMPORARY Medicaid by DCH pending a continuing Medicaid determination by our agency. We are required to review your current situation and give you the type of Medicaid for which you are eligible or close your temporary Medicaid if you are not eligible.

We are not currently able to determine your ongoing eligibility for Medicaid without additional information.

Attached are the form(s) indicated below, listing the information/verifications required:

- _____ Verification Checklist
- _____ Form 508 - Food Stamp/Medicaid/TANF Renewal Form
- _____ Form 94A - Medicaid Streamlined Application
- _____ Form 700 - GA Application for Medicaid & Medicare Savings for Qualified Beneficiaries

If this information is not returned to our agency by the due date listed on the enclosed verification checklist, DCH will be notified that your temporary Medicaid is to be terminated.

You may contact us if you have questions or need assistance in obtaining the required information.

Case Worker Name

Case Worker Phone Number