



NOTICE OF CASE ACTION

Date Mailed: _____

Name: _____

Provider: _____

Address: _____

Social Security No.: _____

OPTIONAL STATE SUPPLEMENTATION
Florida Statutes: Chapter 409
Florida Administrative Code, Chapter 65A-2

HOME CARE FOR THE DISABLED ADULT
Florida Statutes: Chapter 410
Florida Administrative Code, Chapter 65C-1

Based on the information provided and in accordance with the above cited Florida Statutes and Florida Administrative Code, the following action, as indicated by an "✓", has been taken:

Your application has been APPROVED effective _____. You are responsible for paying the caretaker \$_____ after keeping \$_____ from your income for your personal needs.

Your eligibility for financial assistance for the above specified program has been:
 DENIED or CANCELLED effective _____ for the reason(s) given below.

Your financial assistance has been CHANGED from \$_____ to \$_____ effective _____. You are responsible for paying the caretaker \$_____, after keeping \$_____ from your income for your personal needs.

You are entitled to the following supplemental amount(s) for the following month(s):
Month/Year: _____ \$ _____
Month/Year: _____ \$ _____
Month/Year: _____ \$ _____

REASON FOR CASE ACTION: The determination of your eligibility for assistance is based upon the provisions of the above cited Florida Statutes and Florida Administrative Code. Your eligibility for financial assistance is being denied or cancelled for the following reason(s):

If you have reason to believe that this is incorrect, you have the right to ask for a hearing before a state hearings officer. You can bring with you or be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing by writing, calling the call center or coming into the office within 90 days from the mailing date at the top of this notice. If you ask for a hearing by the end of the last day of the month prior to the effective date of the adverse action, your benefits may continue at the prior level until the hearing decision. You will be responsible to repay any benefits continued if the hearing decision is not in your favor. If you need information about how to receive free legal advice, you can call the ACCESS Florida Customer Call Center toll free at 1-866-762-2237 for a listing of free legal agencies in your area.

In accordance with Federal laws and State policy, the Department of Children and Families is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, religion, political belief or marital status.

Office Address/Telephone Number

Eligibility Specialist's Signature