

CURRENT DATE

RESPONSIBLE PARTY NAME
STREET ADDRESS
CITY, STATE, ZIP

REGARDING: PARTICIPANT, Name
DCN: DCN

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FROM
CRYSTAL
REPORTS**

Dear Participant/Parent/Guardian:

Special Health Care Needs (SHCN), [Select Appropriate Program], is required to verify financial eligibility each year.

If you **want to** continue receiving service beyond June 30, CURRENT YEAR, you must do the following by June 15, CURRENT YEAR:

- Complete the enclosed form.
- Remember to sign and date the form.
- If you filed federal income tax, send a **copy** of your tax form. **DO NOT SEND A W-2.** If you do not have a copy of your income tax information, please call the IRS at 800-829-1040 or visit their web site at www.irs.gov.
- Return all forms in the enclosed envelope.

SHCN will end services on June 30, CURRENT YEAR if you fail to provide any of the requested information.

If you need assistance, contact your Service Coordinator at the address listed below.

Service Coordinator Name
Service Coordinator Street Address
CITY, STATE, ZIP
Service Coordinator Telephone Number
Toll Free: 800-451-0669

Enclosure