The cover letter shall be used by the Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS) when mailing any documents being used as evidence at the administrative hearing to the current or potential participant. It is also utilized to inform the current or potential participant, as necessary, when DSDS is mailing copies to the authorized representative. The cover letter and accompanying evidence must be mailed within three (3) business days of supervisory approval.

**INSTRUCTIONS**

**NAME:** Enter the current or potential participant’s name.

**DCN:** Enter the current or potential participant’s DCN.

**DATE:** Enter the date the letter is being mailed.

**ADDRESS:** Enter the current or potential participant’s address.

Note: For those current or potential participants that have a guardian, enter the guardian’s address and phone number, including an extension number as appropriate.

**PHONE:** Enter the current or potential participant’s phone number.

**CHECK BOXES:** Check the appropriate box if the current or potential participant identified an individual on the Application for State Hearing (DA-12a) to be an Authorized Representative and that individual is or is not receiving a copy of the documentation.

**DSDS SIGNATURE:** Enter the DSDS staff signature and printed name.

**ADDRESS:** Enter the office address of the DSDS staff filling out the form.

**PHONE:** Enter the phone number of the DSDS staff filling out the form.

**DISTRIBUTION**

The original shall be mailed to the participant and a copy maintained in the participant’s case record in the HCBS Web Tool.