	NORTH CAROLINA	County Department of Social Services
		OR EXTRA HELP WITH MEDICARE
	PRESCR	IPTION DRUG COSTS
		Date Mailed:
DENIAL FO	R EXTRA HELP:	
On were not eligik		ow income subsidy) with your Medicare Prescription Drug benefit. You
	Income is equal to or greater than 150%	% of the federal poverty level. The total income of
	was greater than the inco	me limit of for a family size of
	The income we used included	·
	Resources are more than the allowed lin	nit of for one person/couple.
	The resources we considered are:	
	You did not complete the application process or provide information needed to determine eligibility.	
	You are not eligible for Medicare.	
	You are not a resident of North Carolina	l.
The State ru	ules used to make this decision are in	of the
<u>ENROLLME</u>	NT WITH A PRESCRIPTION DRUG F	PLAN_
enrolling in a Nwww.medicare	Medicare prescription drug plan or a Medicar	eligible for Medicare, you can still save on your prescription drug costs by re health plan with prescription drug coverage. You can visit 20-633-4227) for more information. If you are deaf or hard of hearing, 486-2048.
	agree with this decision, you have the right otice. You also have the right to reapply at a	to request a hearing. The procedures for requesting a hearing are on the any time.
Caseworker Name and Phone Number		FOR OFFICE USE ONLY:
		County Case #
Address		Aid Program/Category: LIS

PLEASE CONTINUE READING FOR IMPORTANT INFORMATION ABOUT YOUR RIGHT TO A HEARING

# Did you not do something your caseworker asked you to do?

You can call your caseworker to explain why and try to solve the problem.

# Did your caseworker make a mistake or has your situation changed?

Call your caseworker right away.



Is there still a problem? You can ask for a hearing.

If you think we are wrong or you have new information, you have the right to a hearing. You must ask for this hearing within 60 days (or 90 days if you have a good reason for delay). This hearing is a meeting to review your case and give you the correct benefits if it was wrong.

Call or write your caseworker to ask for a hearing. A local hearing will be held within 5 days of your request unless you ask for it to be postponed. The hearing can be postponed, for good reasons, for as much as 10 calendar days. Then, if you think the decision in the local hearing is wrong, call or write your caseworker WITHIN 15 DAYS to ask for a second hearing. The second hearing is before a state hearing official.

### Did you know you have the right to be represented?

You may have someone speak for you at your hearing, such as a relative or a paralegal or attorney obtained at your expense. **Free legal services may be available in your community.** Contact your nearest Legal Aid or Legal Services office, or call toll-free, 1-866-219-5262.

If you have additional questions or concerns, contact your caseworker for information, or call the CARE-LINE. Information and Referral Service, toll free at 1-800-662-7030. If you live in the Triangle call 919-855-4400. area. TDD/Voice for the hearing impaired is also available through **CARE-LINE** the number. They are available 24 hours a day, 7 days a week beginning February 1, 2008.

# Did you know you have the right to see your record?

If you ask, your caseworker will show you (or the person speaking for you) your benefits record before your hearing. If you ask, you may also see other information to be used at the hearing. You can get free copies of this information. You may see this information again at your hearing.

#### Do you understand your rights?

Do you understand how to get a hearing? If you have any questions, please contact your caseworker as soon as possible.