

**NOTIFICATION OF RIGHT TO REQUEST A DEMONSTRATED HARDSHIP WAIVER  
(HOME EQUITY VALUE)**

Notice Date: \_\_\_\_\_

Case Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medicaid ID Number: \_\_\_\_\_

Case Number: \_\_\_\_\_

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We have determined you are **NOT** eligible for Medicaid to pay for institutionalized services because your home equity value of \_\_\_\_\_ is greater than the allowed amount of \$525,000.

**You have a right to request a hardship consideration of this decision if you can demonstrate that the denial will result in a hardship. To request a demonstrated hardship consideration you must notify the below named caseworker either in writing or verbally by the date noted below.**

In order to be determined eligible for a demonstrated hardship waiver due to excess home equity value you must demonstrate in writing:

- That you have no other family or persons to take care of you or they are too feeble or old to take care of you, and
- You have no other assets or your assets have been depleted.

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You have until \_\_\_\_\_, which is 12 calendar days from the date of this notice, to request the demonstrated hardship waiver. If you contact your worker by this date you will be notified regarding what information you need to provide to document your claim of hardship. Failure to contact your caseworker by this date to request a demonstrated hardship waiver will result in imposing the sanction period or denial of institutional services.

\_\_\_\_\_  
Caseworker Name and Phone Number

Please see the back of this form for important information regarding your rights to a hearing.

### **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.

### **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.

**If you have additional questions or concerns**, regarding this notice contact your caseworker for information.

Should you have further questions regarding Medicaid, or North Carolina Health Choice, you may call the Department of Health and Human Services (DHHS) Customer Support Center, toll free at 1-800-662-7030 (English/Spanish) or 1-877-452-2514 (Note: this is a TTY number that is for deaf or hearing impaired callers). The DHHS Customer Support Center is open from 8:00 a.m. until 5:00 p.m., Monday - Friday. Additional information about services in your community is also found on the Department of Health and Human Services website at [www.nccarelink.gov](http://www.nccarelink.gov).