

Concurrent Benefits Denial Language

1. Single applicant - already receiving public assistance in another case.

PUBLIC ASSISTANCE

Your (date) request for public assistance is NOT APPROVED.

This is because we believe that you are already receiving public assistance.

Your identity matches that of a person who is already receiving public assistance in (LOCATION). Because the identities match, we have determined that you and that person are the same person.

When the identity of an applicant or recipient matches that of a person who is already receiving public assistance, that person is not eligible for public assistance.

This decision is based on Department Regulations 351.8(a)(2)(i), 351.1(b)(2)(ii), 351.2. and 351.9.

FOOD STAMPS

Your request for food stamps is NOT APPROVED. This is because we have determined that you are already receiving food stamps.

Your identity matches that of a person who is already receiving food stamps in (LOCATION). Because the identities match, we have determined that you and that person are the same person.

When the identity of an applicant or recipient matches that of a person who is already receiving food stamps, that person is not eligible for food stamp benefits.

This decision is based on Department Regulations 351.2(a) and 351.9

MEDICAL ASSISTANCE

We have denied your application for Medical Assistance. This is for the same reason as your public assistance was denied.

This decision is based upon Department Regulations 360-2.2 and 351.9

Concurrent Benefits Denial Language

2. Multi-person application - one or more case members already receiving public assistance in another case

PUBLIC ASSISTANCE

Your (date) request for public assistance is not approved.

(The primary reason for the denial of the application will be stated next, based upon the case level Reason Code that is used for the denial. A multi-person case will not be denied for the receipt of concurrent benefits unless all individuals are in receipt of such benefits; in such a situation, the denial Reason Code would probably be I92 - "No Eligible Individual." The following paragraphs address the individual denial reason for individuals who have been denied for the receipt of concurrent assistance, as identified by the Individual Reason Code.)

This is because we have determined that (NAME) already receives public assistance:

(NAME)'s identity matches that of a person(s) already receiving public assistance in (LOCATION). Because the identities match, we have determined that (NAME) and that person are the same person.

When the identity of an applicant or recipient matches that of a person who is already receiving public assistance, that person is not eligible for public assistance.

This decision is based on Department Regulations 351.8(a)(2)(i), 351.1(b)(2)(ii), 351.2. and 351.9.

FOOD STAMPS

Your request for food stamps is not approved.

This is because we have determined that (NAME) is already receiving food stamps:

(NAME)'s identity matches that of a person who is already receiving food stamps in (LOCATION). Because the identities match, we have determined that (NAME) and that person are the same person.

When the identity of an an applicant or recipient matches that of a person who is already receiving food stamps, that person is not eligible for food stamp benefits.

This decision is based on Department Regulations 351.2(a) and 351.9.

MEDICAL ASSISTANCE

We have denied your application for Medical Assistance. This is for the same reason as your public assistance was denied.

This decision is based upon Department Regulations 360-2.2 and 351.9.

Concurrent Benefits Discontinuance Language

3. Single Person Undercare Case - already receiving public assistance in another case.

PUBLIC ASSISTANCE

This is to tell you that your public assistance case will be DISCONTINUED. You will no longer get public assistance beginning (DATE).

This is because we believe that you are already receiving public assistance.

Your identity matches that of a person who is already receiving public assistance in (LOCATION). Because the identities match, we have determined that you and that person are the same person.

When the identity of an applicant or recipient matches that of a person who is already receiving public assistance, that person is not eligible for public assistance.

This decision is based on Department Regulations 351.8(a)(2)(i), 351.1(b)(2)(ii), 351.2. and 351.9.

FOOD STAMPS

- A) TX = 07:

This is to tell you that your food stamps will be DISCONTINUED. You will no longer get food stamps beginning (DATE).

IMPORTANT: If your food stamps are discontinued on or after the 2nd of a month, usually you can still pick up your food stamps for that month.

FOR EXAMPLE, if you usually pick up your food stamps on the 6th of the month and your food stamps are discontinued beginning on the 2nd, you can still pick up your food stamps for that month between the 6th and the last day of the month.

OR

- B) TX = 08:

Your application for continued food stamps is NOT APPROVED. You will no longer get food stamps beginning (DATE).

This is because we have determined that you are already receiving food stamps.

Your identity matches that of a person who is already receiving food stamps in (LOCATION). Because the identities match, we believe that you and that person are the same person.

When the identity of an applicant or recipient matches that of a person who is already receiving food stamps, that person is not eligible for food stamp benefits.

This decision is based on Department Regulations 351.2(a) and 351.9.

MEDICAL ASSISTANCE

We will discontinue your Medical Assistance effective (DATE).

This is for the same reason as your public assistance is being discontinued.

This decision is based upon Department Regulations 360-2.2 and 351.9.

Concurrent Benefits: Removal of An Individual Language

4. Multi-person Undercare Case - one or more case members already receiving public assistance in another case; deletion causes case grant reduction or ineligibility.

PUBLIC ASSISTANCE

A. REDUCTION

This is to tell you that your public assistance grant will be REDUCED beginning (DATE).

B. DISCONTINUANCE

This is to tell you that your public assistance case will be DISCONTINUED. You will no longer get public assistance beginning (DATE).

(The primary reason for the reduction or discontinuance will be stated next, based upon the case level Reason Code that is used for the action. A multi-person case will not be closed for the receipt of concurrent benefits unless all individuals are in receipt of such benefits; in such a situation, the closing Reason Code would probably be I92 - "No Eligible Individual." The following paragraphs address the reduction or removal reason for individuals who will be removed from the case for receipt of concurrent assistance, as identified by the Individual Reason Code.)

C. COMMON TEXT

This is because we believe that (NAME) is already receiving public assistance.

(NAME)'s identity matches that of a person who is already receiving public assistance in (LOCATION). Because the identities match, we have determined that (NAME) and that person are the same person.

When the identity of an applicant or recipient matches that of a person who is already receiving public assistance, that person is not eligible for public assistance.

This decision is based on Department Regulations 351.8(a)(2)(i), 351.1(b)(2)(ii), 351.2. and 351.9.

FOOD STAMPS (Case Closing)

(As noted for PA, the following language addresses action only for the individual(s) who are removed for receipt of concurrent assistance.)

A) TX = 07:

This is to tell you that your food stamps will be **DISCONTINUED**. You will no longer get food stamps beginning (DATE).

IMPORTANT: If your food stamps are discontinued on or after the 2nd of a month, usually you can still pick up your food stamps for that month.

FOR EXAMPLE, if you usually pick up your food stamps on the 6th of the month and your food stamps are discontinued beginning on the 2nd, you can still pick up your food stamps for that month between the 6th and the last day of the month.

OR

B) TX = 08:

Your application for continued food stamps is **NOT APPROVED**. You will no longer get food stamps beginning (DATE).

This is because we believe that (NAME) is already receiving food stamps.

(NAME)'s identity matches that of a person who is already receiving food stamps in (LOCATION). Because the identities match, we have determined that (NAME) and that person are the same person.

When the identity of an applicant or recipient matches that of a person who is already receiving food stamps, that person is not eligible for food stamp benefits.

This decision is based on Department Regulations 351.2(a) and 351.9.

MEDICAL ASSISTANCE

We will discontinue your Medical Assistance effective (DATE) for:

(NAME) (CLIENT I.D.#)

This is for the same reason as your public assistance is being discontinued.

This decision is based upon Department Regulations 360-2.2 and 351.9.