



Letter Date: [REDACTED]
Case Number: [REDACTED]



Why [REDACTED] is getting this letter

We need more information to finish our review for the following program(s): SNAP, TANF, Medical Assistance.

Please give us the information requested by the date(s) listed on the following page

A checklist of the documents you can give us for proof is included. **Keep your original documents and give us copies along with the checklist.** If you need help, call [REDACTED]

Ways to give us a copy of your documents:

- 1. Online.** Go to **CommonHelp.Virginia.gov** and follow the website directions to upload a copy.
- 2. By fax.** Fax a copy to us at [REDACTED]
- 3. By mail.** Send a copy to us at [REDACTED]
- 4. In person.** Bring us a copy to [REDACTED]

Your CommonHelp Account

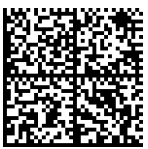
CommonHelp.Virginia.gov keeps all important information about your family's applications. You can choose to get letters like this online. Your CommonHelp account is secure.

To create an account, go to **CommonHelp.Virginia.gov** and click "Check My Benefits." To link your case to your CommonHelp account using the information below, log in and select "Manage My Account."

Case Number: [REDACTED]
Client ID: [REDACTED]

Worker Name: [REDACTED]	Telephone Number: [REDACTED]	For Free Legal Advice Call: [REDACTED]
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Additional Information from your Case Worker:



Case #: [REDACTED]

Correspondence #: [REDACTED]



Things to remember when submitting proof:

- ✓ Keep your original document(s) and give us a copy.
- ✓ Write first and last name, date of birth, and Case Number [REDACTED] on the copy of your documents you give to us.
- ✓ Call us if there has been a change in your situation since you applied, if you don't have the documents requested below, or if you need help obtaining the information.

Remember, if you do not give us proof of your information, we cannot finish reviewing your eligibility and your application may be denied or your case may close.

Give us a copy of one of these documents as proof for each verification type. We have listed common documents people use to provide their verification(s) below:

Program: Medical Assistance While we are requesting that you return your verifications within ten days of the receipt of this letter, you may return your verifications within 45 days from the date of your Medicaid application, or within 30 days from the date of your Medicaid change or renewal.

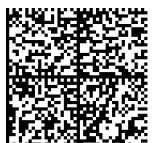
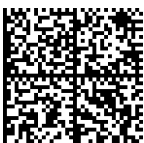
Due Date: [REDACTED]

Who?	What information is needed?	What is accepted as proof?
[REDACTED]	Earned Income Payment - Wages, Salaries, Tips, Severance Pay and Commissions	Pay stubs or earnings statements, Employer statement

Program: SNAP In order for us to see if you are eligible for assistance, you must provide the information below by the due date. If you cannot provide the information, or if you need help, we will help you to obtain this information. If you do not provide this information or contact the agency by the due date, your case or application may be denied.

Due Date: [REDACTED]

Who?	What information is needed?	What is accepted as proof?
[REDACTED]	Earned Income Payment - Wages, Salaries, Tips, Severance Pay and Commissions	Pay stubs or earnings statements, Employer statement, Other (Document Source)



<p>Program: TANF In order for us to see if you are eligible for cash assistance, you must provide the requested information. If you cannot provide the information or need help in obtaining the information, contact your worker. If you do not provide the information or contact the agency by the due date, your application may be denied or your case may be closed.</p>		
<p>Due Date: [REDACTED]</p>		
Who?	What information is needed?	What is accepted as proof?
[REDACTED]	Earned Income Payment - Wages, Salaries, Tips, Severance Pay and Commissions	Pay stubs or earnings statements, Employer statement, Other (Document Source)

If you indicated when applying for benefits (Medicaid, SNAP, TANF, Energy Assistance, or Child Care) that you wanted to receive an email or a text message telling you that you have electronic mail about your benefits, you must first go to CommonHelp, www.CommonHelp.virginia.gov before you can access that mail. In CommonHelp, you will need to set up a secure mailbox. Have your client ID and case number available.

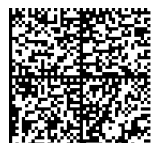
Instructions are provided in CommonHelp.

If you are acting on behalf of an individual as an authorized representative, you will continue to receive all correspondence for that individual through the mail.



Case #: [REDACTED]

Correspondence #: [REDACTED]



For health coverage from Virginia Medicaid:

It is important we treat you fairly. We will keep your information secure and private. This agency complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This agency does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This agency provides free aids and services to people with disabilities to communicate effectively with us, such as, qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). If you need these services, call us at **(804) 786-7933 (TTY: 1-800-343-0634)**. This agency also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call us at **1-855-242-8282 (TTY: 1-888-221-1590)**. If you believe that this agency has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, or by phone at: Civil Rights Coordinator, DMAS, 600 E. Broad St., Richmond, VA 23219, Telephone: **(804) 786-7933 (TTY: 1-800-343-0634)**.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201; **1-800-368-1019 (TTY 800-537-7697)**. Complaint forms are available at <https://hhs.gov/ocr/office/file/index.html>.

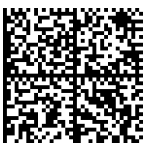
For SNAP/TANF:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at **(800) 877-8339**. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call **(866) 632-9992**. Submit your completed form or letter to USDA by mail at: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue SW, Washington, D.C. 20250-9410; by fax at: **(202) 690-7442**; or by email at: program.intake@usda.gov.

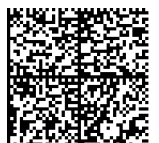
This institution is an equal opportunity provider.



Case #: [REDACTED]

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Correspondence #: [REDACTED]





Make sure both addresses above show in the return envelope.
FOLD 2

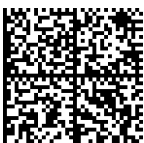
Fold the paper at FOLD 1, and then FOLD 2 so that the top portion of the page shows in the windows of the return envelope.

The return envelope is postage paid, so there is no reason to use your own stamps!

If you would like to return your verifications in person, online, or by fax, please see the steps on the previous page for instructions.

FOLD 1

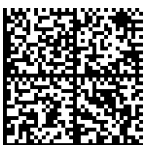
Letter Date: [REDACTED]
Case Number: [REDACTED]
Worker Name: [REDACTED]



Case #: [REDACTED]

Correspondence #: [REDACTED]





Case #: [REDACTED]

Correspondence #: [REDACTED]



English: Get help in your language

This Notice has important information about your benefits or application for health coverage from Virginia Medicaid. Look for important dates. You might need to take action by certain dates to keep your benefits. You have the right to get this letter for free in your language, in large print, or in another way that is best for you. Call us at 1-855-242-8282 (TTY: 1-888-221-1590).

Spanish: Obtenga ayuda en su idioma

Este aviso tiene información importante de Virginia Medicaid sobre sus beneficios o solicitud de cobertura de salud. Busque fechas importantes. Puede que necesite hacer algo antes de ciertas fechas para conservar sus beneficios. Tiene derecho a obtener esta carta en su idioma, con letra grande, o de cualquier otra manera que sea mejor para usted, de manera gratuita. Llámenos al 1-855-242-8282 (telefonía de texto [TTY]: 1-888-221-1590).

Korean: 본인의 언어로 도움을 받으세요.

이 통지서에는 버지니아 메디케이드의 의료 보험 혜택 또는 의료 보험 신청에 대한 중요한 정보가 들어 있습니다. 이에 대한 중요한 마감일도 공지하고 있습니다. 혜택을 받으려면 마감일까지 조치를 취하셔야 합니다. 이 통지서는 본인이 사용하는 언어로 또는 큰 글자로 인쇄된 서신으로 또는 본인에게 최선이 될 수 있는 방법으로 무료로 받을 수 있는 권리가 있습니다. 저희에게 문의해 주십시오. 문의처 1-855-242-8282 (TTY: 1-888-221-1590)로 전화하십시오.

Vietnamese: Nhận giúp đỡ bằng ngôn ngữ của quý vị

Thông báo này có thông tin quan trọng về cách quý vị nhận phúc lợi hoặc cách nộp đơn nhận bảo hiểm y tế thuộc chương trình Medicaid của tiểu bang Virginia. Hãy chú ý đến những ngày quan trọng. Quý vị có thể phải hành động trước một số ngày trong Thông báo này để tiếp tục nhận phúc lợi. Quý vị có quyền nhận thư này miễn phí bằng tiếng Việt, bằng chữ khổ lớn hoặc theo cách nào phù hợp nhất với quý vị. Xin gọi cho chúng tôi theo số 1-855-242-8282 (máy TTY: 1-888-221-1590).

Chinese (Traditional): 用您使用的語言獲得幫助

本通知包含有關您的Virginia Medicaid福利或醫療承保申請的重要資訊。請查看重要的日期。您可能需要在某些日期之前採取行動，才能保持您的福利。您有權免費用您使用的語言、大印刷體或其他最適合您的方式收到本信函。請電洽 1-855-242-8282 (TTY: 1-888-221-1590)。

Arabic: احصل على المساعدة بلغتك

يتضمن هذا الإخطار معلومات مهمة عن المزايا التي سوف تحصل عليها -أو عند التقدم للحصول عليها- من التأمين الصحي المقدم من فيرجينيا ميديكيد Virginia Medicaid. ابحث عن التواريخ المهمة. قد يتعين عليك القيام بإجراءات بحلول تواريخ محددة للاحتفاظ بمزاياك. يحق لك الحصول على هذا الخطاب مجاناً بلغتك، مطبوعاً بطباعة كبيرة، أو بأفضل طريقة تراها. اتصل بنا على رقم 1-855-242-8282 (TTY: 1-888-221-1590).

Urdu: اپنی زبان میں مدد حاصل کریں

اس نوٹس میں آپ کے بینیفٹس یا Virginia Medicaid سے صحت کے کوریج کے لیے درخواست کے بارے میں اہم معلومات ہیں۔ اہم تاریخوں پر نظر رکھیں۔ آپ کو اپنے بینیفٹس برقرار رکھنے کے لیے مخصوص تاریخوں تک کارروائی کرنے کی ضرورت ہو سکتی ہے۔ آپ کو یہ خط اپنی زبان میں، بڑے حروف میں، یا کسی دوسرے طریقے سے جو آپ کے لیے بہترین ہو، مفت حاصل کرنے کا حق ہے۔ ہمیں 1-855-242-8282 (ٹی ٹی وائی: 1-888-221-1590) پر کال کریں۔

Hindi: अपनी भाषा में मदद लें

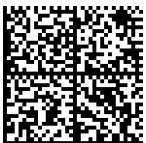
इस नोटिस में Virginia Medicaid से प्राप्त होने वाले आपके लाभों या हेल्थ कवरेज हेतु आवेदन के बारे में महत्वपूर्ण जानकारी दी गयी है। महत्वपूर्ण तारीखें देखें। आपको अपने लाभों को बनाये रखने के लिए निश्चित तारीखों तक कार्यवाही करने की आवश्यकता हो सकती है। आपको इस पत्र को अपनी भाषा में, बड़े प्रिंट में, या ऐसे किसी अन्य ढंग में जो आपके लिए सबसे अच्छा हो, नि:शुल्क प्राप्त करने का अधिकार है। हमें 1-855-242-8282 (TTY: 1-888-221-1590) पर फोन करें।

Farsi: دریافت کمک به زبان خود

این اطلاعیه حاوی اطلاعات و مطالب مهمی درباره مزایا یا درخواست شما برای پوشش بهداشتی و درمانی از Virginia Medicaid می باشد. به تاریخهای مهم توجه داشته باشید. شاید لازم باشد برای حفظ مزایا در تاریخهای مشخصی اقداماتی بعمل آورید. شما حق دارید این نامه را به رایگان به زبان خود، با حروف چاپی درشت یا هر روش دیگری که برایتان مناسب است دریافت کنید. لطفاً با ما در شماره 1-855-242-8282 (TTY: 1-888-221-1590) تماس بگیرید.

Bengali: আপনার নজিরে ভাষায় সাহায্য পান

Virginia Medicaid এর স্বাস্থ্য বন্মা বিষয়ক আপনার সুযোগ-সুবিধা অথবা আবেদন সম্পর্কিত গুরুত্বপূর্ণ তথ্য এই নোটিশে আছে। গুরুত্বপূর্ণ তারিখগুলির অনুসন্ধান করুন। আপনার প্রাপ্য সুযোগ-সুবিধা চালু রাখতে হলে আপনাকে নির্দিষ্ট তারিখের মধ্যে পদক্ষেপে গ্রহণ করতে হতে পারে। আপনার অধিকার আছে। নজিরে ভাষায়, বড় অক্ষর ছাপা অথবা আপনার পক্ষের সর্বশ্রেষ্ঠ এমন যেকোনো উপায়ে এই চিঠিটি বিনামূল্যে পাওয়ার। আমাদের টেলিফোন করুন এই নম্বরে: 1-855-242-8282 (TTY: 1-888-221-1590)।



Case #: [REDACTED]

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Correspondence #: [REDACTED]



Tagalog: Tumanggap ng tulong sa inyong wika
May mahalagang impormasyon ang patalastas na ito tungkol sa inyong mga benefit [kapakanan] o paghiling na masakop ng segurong pangkalusugan ng Virginia Medicaid. Tignan ang mga mahahalagang petsa. Maaaring dapat kumilos kayo sa ilan mga petsa upang mapanatili ang inyong mga benefit. May karapatan kayong matanggap ang sulat na ito sa inyong wika. malaking mga letra, o sa anumang paraan na pinakamahusay sa inyo. Tawagan kami sa 1-855-242-8282 (TTY: 1-888-221-1590).

Amharic: በቋንቋዎ እርዳታ ያግኙ
ይህ ማስታወቂያ ከቨርጂንያ ሜዲኬይድ የሚያገኙትን ጥቅሞችዎን ወይም የጤና ሽፋን ማመልከቻን አስመልክቶ አስፈላጊ መረጃ ያዘለ ነው። አስፈላጊ ቀናትን ይመልከቱ። ጥቅሞችዎ እንዲቋረጡብዎት በተወሰኑ ቀናት ውስጥ እርምጃዎችን መውሰድ ሊያስፈልግዎ ይችላል። ይህን ደብዳቤ በነጻ፣ በቋንቋዎ፣ ተለቅ ባሉ ፊደሎች ታትሞ፣ ወይም ለእርስዎ በሚያመቹ በሌላ መንገዶች የማግኘት መብት አልዎት። ወደኛ በ 1-855-242-8282 (TTY: 1-888-221-1590) መደወል ይችላሉ።

French: Obtenez de l'aide dans votre langue
Cet avis contient des informations importantes sur vos prestations ou votre demande d'assurance-maladie auprès de Virginia Medicaid. Recherchez les dates importantes. Vous devrez peut-être prendre des mesures avant certaines dates pour conserver vos prestations. Vous avez le droit d'obtenir cette lettre gratuitement dans votre langue, en gros caractères ou de la manière qui vous convient le mieux. Appelez-nous au 1-855-242-8282 (ATS: 1-888-221-1590).

Russian: Получите помощь на вашем языке
В этом уведомлении содержится важная информация о ваших льготах или заявке на медицинское страховое покрытие Medicaid штата Вирджиния. Обратите внимание на важные даты. От вас может потребоваться выполнение тех или иных действий в определенные сроки для сохранения ваших льгот. Вы имеете право на бесплатное получение этого письма на вашем языке, крупным шрифтом или в другом удобном для вас формате. Позвоните нам по номеру 1-855-242-8282 (TTY: 1-888-221-1590).

German: Holen Sie sich Hilfe in Ihrer Sprache
Diese Mitteilung enthält wichtige Informationen zu Ihren Krankenversicherungsleistungen oder zu Ihrem Antrag auf Krankenversicherung von Virginia Medicaid. Achten Sie auf wichtige Daten. Sie müssen möglicherweise zu bestimmten Terminen Maßnahmen ergreifen, um Ihre Leistungen weiterhin zu erhalten. Sie haben das Recht, diesen Brief kostenlos in Ihrer Sprache, in Großdruck oder auf eine andere Weise zu erhalten, die für Sie am besten ist. Rufen Sie uns bitte an unter 1-855-242-8282 (TTY: 1-888-221-1590).

Bassa: M̄ b̄èin gbo-kpá-kpá b̄é dyéé dé wuḍu ṁ poeé mú
Cée-dè n̄à ke bédé b̄ǎ kpa d̄e b̄é bó wé b̄é k̄ǎ baḍa ṁ b̄èin gbo-kpá-kpá b̄é dyéé ɔ j̄ú kè m̄ d̄yi gbo-kpá-kpá zò bó n̄i kpódó-dyùàò d̄yi káná jè s̄òn dé n̄yo Kūùn jè gbo-kpáin-naín n̄à dé V̄jínìà kee ní. Dè wé kpa d̄e b̄é k̄ǎ mú ṁ b̄èin gbo-kpá-kpá b̄é n̄à ke dyéé kee jè dyédé gbo. M̄ k̄ǎ b̄é ṁ ké gbo-kpá-kpá n̄à ke zò bó wé j̄éé b̄é baḍa, b̄é ṁ ké n̄i gbo-kpá-kpá b̄èò dyé. M̄ b̄èin cée-dè n̄à ke dyéé pídyi dé wuḍu ṁ poeé mú dé cée-dè-dyèdè boo-boo mú, m̄ɔɔ dé hwiè kà kò d̄ò k̄ǎ mú ṁ mú b̄é wa ké n̄i cée-dèò cée kee mú. Dá à n̄iìn dé n̄òbà n̄à ke k̄ǎ 1-855-242-8282 (TTY: 1-888-221-1590).

Ibo: Nweta enyemaka n'asusu gi
Nkwuputa nke a nwere ozi di mkpa banyere uru ndi gi maobu aririo gi maka mkpuchi ahuike site na Virginia Medicaid. Choo maka deeti di mkpa. Aga-achoro ka ime ufodu ihe n'ufodu ubochi iji dowe uru gi gasi. I nwere ikike inweta akwukwo ozi nke a n'efu n'asusu gi, ebiputara n'iji nnukwu mkpuruedemede, maobu n'uzo ozoz kacha mma maka gi. Kporo anyi na 1-855-242 8282 (TTY: 1-888-221-1590).

Yoruba: Gba iranlowo ni ede re
Akiyesi yi ni iwifun-ni pataki nipa awon anfaani tabi iwe ibewẹ fun agbegbe ilera lati Virginia Medicaid. Wa awon ojo pataki. O se e se lati gbe igbesẹ ni awon ojo kan lati fi awon anfaani re pamọ. O ni eto lati gba letà yi ni ofe ni ede re, ni kikosile gádàgbà tabi ni onà miran ti o dara fun o. Pè wá ni 1-855-242-8282 (TTY: 1-888-221-1590).

