

(SAMPLE FORMAT TO REQUEST IEVS VERIFICATION)

(CDHS LETTERHEAD)

Name

Date

Address

Case Name

Case Number

Dear _____:

Information has been provided through the Income and Eligibility Verification System which may affect the type or amount of benefits which you are currently receiving. The information concerns:

In order to resolve this issue and to assure that you have received and that you are receiving the correct benefits, it will be necessary for you to provide all relevant information concerning the computer match. You must provide us with this information with ten (10) days of the date of this notice.

If you have any questions, please contact your caseworker.

Caseworker

Telephone Number