

## PURPOSE

Use to notify the household of:

- Their eligibility for health care assistance,
- The date their eligibility begins,
- The household's responsibility to report changes, and
- The consequences if the household does not report changes as required.

## PROCEDURE

Complete an original and one copy of Form 109.

Issue the original Form 109 to the household.

File the copy of the Form 109 in the case record.

## DETAILED INSTRUCTIONS

At the top of Form 109, enter the household's name and address, the date the Form 109 is issued, the case record number, and the office address and telephone number.

Enter the household's Eligibility Effective Date and any necessary comments.

The staff person issuing the Form 109 should sign the Form 109.

## FORM RETENTION

Maintain the records at least until the end of the third complete state fiscal year following the date on which the application is submitted.