

MONTGOMERY COUNTY
DEPARTMENT OF SOCIAL SERVICES
8818 GEORGIA AVE
SILVER SPRING MD 20910-3983

District: SILVER SPRING OFFICE
Customer ID: [REDACTED]
Case Manager: [REDACTED]
Telephone: [REDACTED]
Date: 10/04/13

Insert in Return Envelope with
the Address Below Showing

[REDACTED]
[REDACTED]
SILVER SPRING MD 20904

MONTGOMERY COUNTY
DEPARTMENT OF SOCIAL SERVICES
8818 GEORGIA AVE
SILVER SPRING MD 20910-3983

Dear [REDACTED]:

APPROVAL FOR COMMUNITY MEDICAL ASSISTANCE

Based on your application dated 09/10/13, you are eligible for
Medical Assistance effective 09/01/13. Your period of eligibility
is from 09/13 through 08/14.

You will receive a Medical Assistance card for each person listed
below:

V [REDACTED] MA # [REDACTED]
F [REDACTED] MA # [REDACTED]

Most people eligible for Medical Assistance must be enrolled in
HealthChoice, a managed care program. If you must enroll, you will
receive information by mail which will help you select the best
Managed Care Organization (MCO) for you and your family. If you
would like to receive information about HealthChoice right away,
You may call 1 (800) 284-4510.

IMPORTANT

It is very important that you notify your case manager if you
move. Mail about the Maryland Medical Assistance Program and
HealthChoice will not be forwarded to a new address. If your case
manager does not have your current address at all times you will
not receive important letters about HealthChoice and continuing
eligibility. You must also report changes in income, insurance
and household members within ten days of such changes. If you do
not report these changes eligibility may be canceled.

Need money to pay your electric and heat bills? If you qualify,
the Office of Home Energy Programs (OHEP) can help. For
information call 1-800-352-1446 or visit us on-line at
www.dhr.state.md.us/meap/index.htm

The information below helped us make our decision:

MEDICAL
ASSISTANCE
PROGRAM

Assistance Unit Number [REDACTED]

MONTGOMERY COUNTY
LOCAL HEALTH DEPARTMENT
8630 FENTON ST 10TH FL
SILVER SPRING MD 20910

District: SILVER SPRING LHD
Customer ID: [REDACTED]
Case Manager: [REDACTED]
Telephone: [REDACTED]
Date: 11/03/14

Insert in Return Envelope with
the Address Below Showing

[REDACTED]
[REDACTED]
BURTONSVILLE MD 20866

MONTGOMERY COUNTY
LOCAL HEALTH DEPARTMENT
8630 FENTON ST 10TH FL
SILVER SPRING MD 20910

Dear [REDACTED]

REDETERMINATION/RECERTIFICATION RESULTS

Based on your redetermination/recertification, you are still eligible for Medical Assistance. Your period of eligibility is from 12/14 through 11/15. This means you will receive Medical Assistance during this period unless there is a change in your situation. Before the end of this period, we will contact you to review your eligibility.

You will receive benefits for the people listed below:

Z [REDACTED]	MA # [REDACTED]
M [REDACTED]	MA # [REDACTED]
D [REDACTED]	MA # [REDACTED]
A [REDACTED]	MA # [REDACTED]

Most people eligible for Medical Assistance must be enrolled in HealthChoice, a managed care program. If you must enroll, you will receive information by mail which will help you select the best Managed Care Organization (MCO) for you and your family. If you would like to receive information about HealthChoice right away, you may call 1 (800) 284-4510.

IMPORTANT

It is very important that you notify your case manager if you move. Mail about the Maryland Medical Assistance Program and HealthChoice will not be forwarded to a new address. If your case manager does not have your current address at all times you will not receive important letters about HealthChoice and continuing eligibility. You must also report changes in income, insurance and household members within ten days of such changes. If you do not report these changes eligibility may be canceled.

The information below helped us make our decision:

MEDICAL
ASSISTANCE
PROGRAM

Assistance Unit Number	[REDACTED]
Household Size	[REDACTED]
Earned Income	\$ [REDACTED]
Unearned Income	
Housing Costs	