

(District Letterhead)

Attachment E

Name
Address

Dear

This agency is responsible for obtaining additional information in connection with your application or continuation of Public Assistance (PA) benefits. As part of this review, the Department has entered into an agreement with **PROVIDER NAME** who will conduct a comprehensive medical and or psychological evaluation of your condition. Since you allege that you are unable or have a medical or mental health condition that limits your ability to work, participate in work activities, or comply with an Independent Living Plan (ILP) it will be necessary for you to be examined by the Specialist named below:

Specialist: **PROVIDER NAME**
Provider address

Specialist's Telephone Number: (###) ###-####. We have enclosed directions for your reference.

Bring the following to your appointment:

- **This notice;**
- **A picture ID;**
- **All medications you are taking; and**
- **Any medical records you have that you want the specialist to look at when evaluating your condition.**

You are encouraged to bring your medical records with you to your appointment, but have up to 4 business days from the date of the evaluation to provide documentation that will be reviewed when determining your ability to work or participate in work activities. If you need help obtaining your medical records, please contact your worker.

Your appointment is at PROVIDER NAME Office on Date at Time

You must call _____ County DSS at least _____ DAYS prior to the appointment at _____ if you require transportation assistance getting to this appointment, and/or payment for daycare services if needed for the day of the **PROVIDER NAME** appointment.

You are expected to make and keep this appointment. This appointment is a condition of your ongoing eligibility for public assistance. If you fail to appear for this examination without good cause, your PA case may be closed.

Sincerely,