

Address

[illegible][illegible]

Income



**New York State Department of Health
Uninsured Card Programs
1-800-542-2437**

ID Number: 000000000-1
Name: YOUR NAME

Program

Secondary Pharmacy Coverage
Primary Care
Home Care

Effective Date

01/01/15
Approved
Approved

Medicaid Spendicon

Letter Changes Ltr.007 Page 1 of 1

Budget Letter

NYC
Human Resources Administration
Department of Social Services

HUMAN RESOURCES ADMINISTRATION
12 West 14th Street, 5th Fl
NEW YORK, N.Y. 10011

Steven Banks
Commissioner

Daniel W. Tietz
Chief Special Services Officer

Jacqueline Dudley
Deputy Commissioner

To Whom It May Concern:

YOUR NAME receives CA under case #: 006140670F. The case composition is as follows:

First Name	Last Name	Date of birth
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The semi-monthly budget is calculated as follows:

Basic Grant:	\$000.00
Energy Grant:	\$000.00
Rent Grant:	\$000.00
Special Needs:	\$000.00
Total Needs:	\$000.00
Less Income:	\$000.00
Deficit:	\$000.00
30% Rental Subsidy:	
*For a Total Grant of:	\$000.00

*This budget letter does not include any recoupment amounts. The Total Grant may be different if the client has an active recoupment.

If you need additional information, please contact:

Case Manager Name:	Supervisor Name:
Case Manager Phone:	Supervisor Phone:
Case Manager Fax:	Supervisor Fax:
Center Name:	

<http://nyswebb/finan/H/SA3.0/HASAWebV3/UI/Print/BudgetLetterPrint.aspx> 7/24/2015
11/21 3094 10984 11/20/01/16 90/11 5182/02/00

Income and Address

Social Security Administration
Retirement, Survivors and Disability Insurance
Notice of Award

Office of Central Operations
200 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: December 4, 2004
Claim Number: HA

REPLY PLAC FOR
DAVID L PEAR

DAVID L PEAR is entitled to monthly disability benefits beginning July 2004.

We have chosen you to be his representative payee. Therefore, you will receive his checks and use the money for his needs.

The Date You Became Disabled

We found that DAVID L PEAR became disabled under our rules on January 8, 2004.

However, he has to be disabled for 5 full calendar months in a row before he can be entitled to benefits. For these reasons, his first month of entitlement to benefits is July 2004.

What We Will Pay And When

- You will receive \$ around December 10, 2004.
- This is the money Mr. PEAR is due for July 2004 through November 2004.
- DAVID L PEAR's next payment of \$ which is for December 2004, will be received on or about the second Wednesday of January 2005.
- After that you will receive \$ on or about the second Wednesday of each month.
- These and any future payments will go to the financial institution you selected. Please let us know if you change your mailing address, so we can send you letters directly.

Enclosure(s):
Pub 05-10076
Pub 05-10153
Pub 05-10058

See Next Page