

# Income Letter Desk Aid

One IEVS letter per person, per envelope, per quarter.

## STATE OF COLORADO



March 01, 2017

Head of Household (HH)

Oeflnalca H Ykkudt  
APT A  
1000 1ST ST  
DENVER CO 80216-4842

Case Number: 1B12345

This is the household's case #.

**Subject:** Response needed about your income

Dear Oeflnalca H Ykkudt:

We are writing to let you know that the income you most recently gave us does not match what we have in our records. **Please read this letter to make sure we have the correct information about your income so we can make a decision about your health benefits.**

- If the information we have is wrong or you have a change to report, send us the information on the **About My Income Form** at the end of this letter by **May 29, 2017**.
- If the information is correct and you do not have any changes on the **About My Income Form** to report, you do not have to send any information.

### Your income

Our records for Oeflnalca H Ykkudt's total income for the three-month period from **July 01, 2016 to September 30, 2016** from his/her employer(s) show:

<u>Employer Name</u>	<u>Total amount from July 01, 2016 to September 30, 2016</u>
DEPARTMENT OF RESOURCES	\$16023.44

Note: If you do not recognize the employer name, ask your employer if they do business under a different name.

### What you need to do by May 29, 2017

Sometimes the income information we have is wrong or out-of-date. **If the income information above is wrong or you have a change to report, send us the About My Income Form by May 29, 2017** so we can make a decision about your health benefits.

**If this income amount is correct and you have no changes to report, you do not need to send us the About My Income Form.** This may mean you make too much money to qualify for Health First Colorado (Colorado's Medicaid Program) or Child

QUESTIONS } Visit [CO.gov/HCPF/Letters-FAQs](http://CO.gov/HCPF/Letters-FAQs) or call (111)111-1111

Page 1 of 1

Test  
1B12345/0XXXXXXXXX  
IEVS01  
IEVS Discrepancy Notice4\_EN

The name listed here will be the name of the person whose income is significantly different from our records.

All jobs that have employer reported income will be displayed here.

Action must be taken by this date. This date is 90 days after the letter is mailed to the member.

To access FAQs related to this letter visit this website or call your local county office at the phone number listed.

If the income is correct and there are no changes to report, no action is necessary. This may affect eligibility for this individual or other individuals in the home.

If no action is taken the income from our records (employer reported data) will be used in place of your self attested income.

Individuals who report a seasonal or commission-based job will see additional language. Go to page 6 to see this language.

If the income is incorrect or the member has changes to report, the member must take action.

Health Plan *Plus* (CHP+). This letter is not changing your health benefits at this time. We will send you another letter if you no longer qualify for Health First Colorado or CHP+.

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**Where should I send my income information?**

Give your income information to **DENVER County** in one of these ways:

- Go to [Colorado.gov/PEAK](http://Colorado.gov/PEAK). If you do not have an account, you can create one on the Colorado PEAK website.

**OR**

- Call us at (111)111-1111 . You might be asked to provide proof of Oefinalca H Ykkudt's income.

**OR**

- Complete the **About My Income Form** and mail, fax, or bring it to:

DENVER County  
BLDG  
1200 FEDERAL BLVD  
DENVER CO 80204-3221  
FAX:

If the member needs to report changes they may do it via PEAK, by mail, phone, or in person.

Questions? Call (111)111-1111

Please let us know if you need help or have any questions.

Sincerely,

DENVER County Department of Human/Social Services

This is the About My Income form. If the income on page 1 is incorrect, or if the member has changes to report regarding information in this letter, this form should be used here or on [Colorado.gov/PEAK](http://Colorado.gov/PEAK).

The name listed here will be the name of the person whose income does not match our records.

### About My Income Form

#### Report income information

Please check **all** boxes that apply to you.

Oefinalca H Ykkudt

- I no longer work at a job listed on page 1 of this letter.
- My hours at my job(s) changed.
- My income at my job(s) changed.
- I have a new job.
- Some or all of the income information on page 1 of this letter is wrong  
Please explain, and give us proof of your current income, such as a letter from your employer or a pay stub:

Other

Please explain, and give us proof of your current income, such as a letter from your employer or a pay stub:

#### Your household's income can change if someone joins or leaves your household.

Please check **all** boxes that apply to you.

- A person has left my household.  
(For example, legal separation, divorce, death, adult child moved)
- A new person has joined my household.  
(For example, marriage or new child)

An additional section will appear for individuals who have previously indicated that they have seasonal or commission-based employment. See page 6 for the additional section.

\*It is important to remember that completion of this form does not replace reporting household changes.

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## Language Assistance

Español	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-221-3943 (State Relay: 711).
Tiếng Việt	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-221-3943 (State Relay: 711).
繁體中文	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-221-3943 (State Relay: 711)。
한국어	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-221-3943 (State Relay: 711) 번으로 전화해 주십시오.
Русский	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-221-3943 (телетайп: 711).
አማርኛ	ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚኒተሊው ቁጥር ይደውሉ። 1-800-221-3943 (መስማት ለተላካዎች: 711)።
ةيبرعلا	ملحوظة: إذا كنت تتحدث أذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 3493-122-008-1 (رقم هاتف الصم والبكم: 117).
Deutsch	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-221-3943 (State Relay: 711).
Français	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-221-3943 (ATS : 711).
नेपाली	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ। फोन गर्नुहोस् 1-800-221-3943 (दिदिवाह: 711)।
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-221-3943 (State Relay: 711).
日本語	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-221-3943 (State Relay: 711) まで、お電話にてご連絡ください。
Oroomiffa	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-221-3943 (State Relay: 711).
ی سراف	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با توجه به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-221-3943 تماس بگیرید. (State Relay: 711)
Polski	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-221-3943 (State Relay: 711).

**\*Pg. 1: This section will only appear for individuals who have previously indicated that they have seasonal or commission-based employment.**

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**Estimated Total Amount for 2017**

[IEVS \*4]

\$40,000

\$135,000

**\*Pg. 3: This section will only appear for individuals who have previously indicated that they have seasonal or commission-based employment.**

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**I have a seasonal job that pays commissions or tips.**

Please send a copy of:

- Your tax return from a prior year, OR
- A letter from your employer with your income for the year, OR
- A letter from your employer with the monthly income you earned and the months you worked there.