

STATE OF COLORADO



07/30/2018

Hsobm Ucfqofu
PO BOX 4416
PARKER CO 80134-1450

Assistance Programs
PO BOX 924
KIOWA CO 80117-0924
(303) 621-3206

Case Number: 1B8QSM0

Request for More Information

Dear Hsobm Ucfqofu:

We need more information to make a decision about your household's benefits. **Please send the information below by the due date listed** or your benefits may be denied or may end. If this happens, you will get a separate letter to tell you which benefits were denied, when your current benefits will end, and what you can do to appeal.

Information We Need

Please send the information requested for each person below. For instructions about how to send this information, see the section, **"Where to Send the Information."**

To choose the right type of proof to send for each item, first check if there is a note in the "Notes" section below the item. If there is no note and you are not sure what we need, please call us for more information.

Information needed for Hsobm Y Ucfqofu

Information to send	Due date for each program: send one copy by the earliest date listed
Tax documents, profit and loss statement, or other proof of your self-employment business income.	06/10/2019 for Food Assistance 08/14/2018 for Medical Assistance
Notes for Food Assistance:	
Notes for Medical Assistance:	
Proof of cash or an asset that can easily be changed to cash. (examples: bank account statements, investment accounts, income tax refund, statement declaring how much cash savings you have). If it is jointly owned, the proof must show all owners.	08/14/2018 for Medical Assistance

Continued on the next page.

Questions? Call Assistance Programs at (303) 621-3206 or visit Colorado.gov/PEAK

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Continued: Information needed for **Hsobm Y Ucfqofu**

Information to send

Due date for each program: send one copy by the earliest date listed

Notes for Medical Assistance:

For Medical Assistance programs that require information about your resources, such as verifications of bank accounts, we may get this information directly from financial institutions.

If you are applying only for the Health First Colorado Medicaid Buy-In Program for Working Adults with Disabilities: If you are under age 65 with a disability, are currently working, and you want to apply only for this program, you don't have to send documents about the value of your property or accounts even if it was requested in the section above. Send all other requested information.

Where to Send the Information

Send copies, not original documents. **Write your case number on every page of each document you send or upload.** See page 1 of this letter for your case number.

Choose one of these ways to send your information:

1. Go to CO.gov/PEAK and upload your information. If you do not have an account, you can create one.
2. Mail or drop off:
Assistance Programs
PO BOX 924
KIOWA CO 80117-0924

For Questions and Help

Contact us at (303) 621-3206 if you need help or can't return the documents by the due date. We may be able to give you extra time if you are having trouble getting the documents.

Sincerely,

Assistance Programs
(303) 621-3206

Help in your Language

Food Assistance: (303) 621-3206

Health First Colorado/CHP+: 1-800-221-3943 (State Relay: 711)

Español	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Tiếng Việt	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
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。
한국어	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
Русский	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
አማርኛ	ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አገልግሎት ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል።
العربية	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.
Deutsch	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Français	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
नेपाली	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू नि:शुल्क रूपमा उपलब्ध छ।
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
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。
Oroomiffa	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama.
فارسی	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
Polski	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.