Title: Expiration of Medical Report/Verification

<Standard Header>

We need proof of disability or incapacity to review your eligibility for the benefits you get. The verification of disability or incapacity for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will expire on \_\_\_\_\_\_\_\_\_\_\_.

Name Date

If this person is still disabled or incapacitated, have a medical provider or medical authorized representative complete the attached form and return it to the county. If you are no longer disabled or incapacitated, report the change to the county.

Failure to provide the new medical verification may affect your eligibility and/or the benefits you get.

If you disagree with this request or believe you have received it in error, please contact your local county office.