

STATE OF COLORADO



March 01, 2017

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

Case Number: 1B12345

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Sometimes the income information we have is wrong or out-of-date.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

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+.

Where should I send my income information?

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

- Go to Colorado.gov/PEAK. If you do not have an account, you can create one on the Colorado PEAK website.

OR

- Call us at (720) 111-1111. You might be asked to provide proof of Oeflnalca H Ykkudt's income.

OR

- Complete the **About My Income Form** and mail, fax, or bring it to:
DENVER County
BLDG
1000 BLVD
CITY CO 80000-0000
FAX:

Questions? Call (720) 111-1111

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

Sincerely,

County Department of Human/Social Services

About My Income Form

Report income information

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

Oeflnalca 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)

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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	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚክላሎ ቁጥር ይደውሉ 1-800-221-3943 (መስማት ለተሳናቸው: 711)።
أي برعلا	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-221-3943 (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 (टि टि वाइ: 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 س راف	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-221-3943 (State Relay: 711) تماس بگیرید.
Polski	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-221-3943 (State Relay: 711).