

(MODEL DENIAL/DECERTIFICATION LETTER)

(Letterhead)

**NOTICE OF SSI-E EXCEPTIONAL EXPENSE CERTIFICATION ACTION
FOR PERSONS IN NATURAL RESIDENTIAL SETTINGS**

DATE

(APPLICANT NAME AND ADDRESS)

Dear Mr./Ms. **(NAME)**:

This is to notify you that the following action has been taken by the **(COUNTY AGENCY)** concerning the status of your certification for the SSI-E exceptional expense payment.

Your application for certification has been denied effective **(DATE)**. The reason for this denial is: _____

(OR)

Your certification is discontinued effective **(DATE)**. The reason for this discontinuance is:

You have the right to appeal this decision. This right is explained on the other side of this notice. Please read it carefully.

If you have any questions concerning this notice please contact **(COUNTY WORKER NAME)** at the above address and phone number.

Sincerely,

(COUNTY AGENCY REPRESENTATIVE)