

RE-DETERMINATION NOTICE OF INELIGIBILITY

Date: _____

Name: _____

Address: _____

It has been determined by _____ that you are ineligible to receive allowable services from the Department of Health, Division of Disease Control, Bureau of HIV/AIDS, HIV/AIDS Patient Care Programs for the following reason(s):

- You are not HIV positive.
- You are eligible for, and/or enrolled in the Medicaid Program.
- You are eligible for and/or enrolled in other local, state, and/or federal programs.
- You are covered by private health insurance.
- Your gross income is above the 300% federal poverty line.
- You are not living in Florida.
- You are unwilling to sign all forms and provide the appropriate eligibility information.
- Other _____.

Your services will be extended for 30 days from the date of this Notice of Ineligibility to allow you the opportunity to seek other service options. Your services will stop on ___/___/___.

Please re-contact this agency with the appropriate documentation for a re-determination, if you have any changes in the above eligibility factors.

Your signature below acknowledges your understanding of the following:

- I HAVE RECEIVED A COPY AND VERBAL EXPLANATION OF THIS NOTICE OF INELIGIBILITY.
- I HAVE RECEIVED REFERRALS BY ELIGIBILITY STAFF FOR POSSIBLE PARTICIPATION IN OTHER PROGRAMS.
- I HAVE BEEN GIVEN A COPY OF THE NOTICE OF RIGHTS, WHICH IS ATTACHED TO THIS NOTICE.

CLIENT'S SIGNATURE: _____ DATE: _____

ELIGIBILITY STAFF: _____ DATE: _____

NAME AND ADDRESS OF ELIGIBILITY OFFICE: _____

PHONE NUMBER: _____

FPL: _____
HOUSEHOLD INCOME: _____
HOUSEHOLD CASH ASSETS: _____
HOUSEHOLD SIZE: _____
% HH MEDIAN INCOME: _____

NOTICE OF RIGHTS

If you want to contest this eligibility decision, you may petition for an administrative hearing (appeal) pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106.201 or 28-106.301, Florida Administrative Code.

Your petition must be in writing and must be received by the

Agency Clerk

Office of the General Counsel

Department of Health

4054 Bald Cypress Way

BIN #A02

Tallahassee, FL 34399-1703

within twenty-one (21) days of your receipt of this decision. Mediation is not available as an alternative remedy. Failure to submit a petition for hearing within the 21-day limit waives your right to an administrative hearing and this decision becomes a "final order."