



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Dear

A payment slot is now available for the _____ Waiver.
If you are still interested in receiving waiver services, please sign and return this letter by
_____. If you don't, the slot will be awarded to the next person on the list.
If you need waiver services later, you can reapply to be placed on the waiting list.

Please let me know if you are interested in this waiver or if you have any questions.

Sincerely,

I am interested in the _____ Waiver.

Signed: _____

Date: _____



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Dear

A payment slot is now available for the _____ Waiver. If you are still interested in receiving waiver services, please complete and return the enclosed application by _____. If you don't, the slot will be awarded to the next person on the list. If you need waiver services later, you can reapply to be placed on the waiting list.

Please let me know if you are interested in this waiver or if you have any questions.

Sincerely,

Enclosure: Application for Health Coverage and Help Paying Costs, form 470-5170