

West Virginia Department of Health and Human Resources

NOTICE TO INDIVIDUALS WHO HAVE CLAIMED GOOD CAUSE FOR REFUSAL TO COOPERATE IN CHILD SUPPORT ACTIVITIES

Case Name: _____ Case Number: _____

This notice is being furnished to you because you believe you have good cause for refusing to cooperate with the Department in our efforts to establish paternity and/or to obtain child support and/or medical support.

PROVING GOOD CAUSE

It is your responsibility to:

- Provide the Department of Health and Human Resources with the evidence needed to determine if you have good cause for refusing to cooperate. If your reason for claiming good cause is for fear of physical harm and it is impossible to obtain evidence, the Department may still be able to make a good cause determination after investigation of your claim.

THE WORKER WILL:

- Explain to you what kind of evidence you need to **provide in order to** prove that you have good cause for refusing to cooperate.
- Help you obtain the evidence if you are not able to.
- Make a decision as to whether or not you have good cause.
- Notify you of the decision.

IF THE DEPARTMENT FINDS THAT YOU DO NOT HAVE GOOD CAUSE, YOU MAY:

- Decide to have your cash assistance case or Medicaid case stopped; or
- Decide to cooperate; or
- Decide that regardless of the Department's decision, you will not cooperate.

If you decide not to cooperate:

- A sanction will be applied to **your** cash assistance **benefits** as follows:
 - If it is **the** first sanction, **your benefits** will be reduced by one-third (1/3) **for 3 months.**
 - If it is **the** second sanction, **your benefits** will be reduced by two-thirds (2/3) **for 3 months.**
 - If it is **the** third sanction, **your benefits** will be closed for **3 months, or until you cooperate, whichever is later.**
- The Department will still try to locate the children's parent to obtain support.

IF THE DEPARTMENT DECIDES THAT YOU DO HAVE GOOD CAUSE:

- Your eligibility for cash assistance or Medicaid will not be affected. No penalty will be applied to your case.
- The Department will not try to locate the children's parent, obtain support, or establish paternity.

I have read, or had read to me, the notice concerning my claim of good cause for refusing to cooperate.

Applicant/Recipient Signature

Date

I have provided the applicant/recipient with a copy of this notice.

Signature of Worker

Date