

	Notice of Thiba Settlement Rev	(C)	TAO Address	
Name	e (Grantee)	Social S	Security Number	
Name (Other Parent)		Social S	Social Security Number	
Addre	ess	City	ZIP	
the D	Department has had the Disabil	ity Evaluation Services (DES) look ag	or Court CA# 97-04760C and 00-01113, pain at the disability claim filed on application you will get a separate notice	
As a	result of this review, the box	(es) checked below apply to you:		
	☐ You are not entitled to re current disability application		greement because DES has denied your	
	☐ You are not entitled to retroactive relief under the lawsuit agreement because after you filed the disability claim on, DES denied a later disability application.			
	☐ You are not entitled to retroactive benefits under the lawsuit agreement because the disability claimed on is not the same as the current disability.			
	☐ You are entitled to retroactive benefits under the lawsuit. You will receive the following:			
0	Additional Payment			
0	We owe your family additional money. We will send you \$ to cover the months of If you would like to know how we decided on this amount, please contact your worker. Time Clock			
U	We counted certain months against your 24-month time limit that should not have been counted. We are now subtracting months from your time clock limit. The months you are disabled do not count against your 24-month time clock. You now have months left on your 24-month time clock.			
0	New Benefit Amount			
	We will raise the amount of TAFDC benefits you get each month. You will get a separate notice with your new TAFDC benefit amount.			
The	regulations used in reaching th	is decision are 106 CMR 203.100, 20	3.530, 203.540, 203.545.	
legal 2889	l help you may call toll free: Jar 9 or Brian Flynn or Melanie Mal	mes Breslauer or Michael Raabe, Nei	pient Services at 1-800-445-6604. For free ghborhood Legal Services at 1-888-657- s at 1-800-323-3205 or Greater Boston	
	u disagree with this decision or for a hearing, complete the rev	- 1886 BANG CALLOUNG CONTROL (1985) 11 12 12 12 12 12 12 12 12 12 12 12 12	you have the right to a fair hearing. To	
DTA	Worker Signature	Telephone	Date	