

Name:

State Case #:

NOTICE OF DETERMINATION

Based on the information provided by you on your application dated _____, this office has authorized an original allowance of the following benefits, pending an investigation of your claim and approved by the office of the Commissioner of Veterans' Services.

1. APPROVED EFFECTIVE
2. ORDINARY BENEFITS AMOUNT: \$
3. FUEL AMOUNT: \$
4. MEDICAL BENEFITS
5. RESTRICTED MEDICAL BENEFITS
6. MONTHLY MEDICAL LIABILITY PAYMENT: \$
7. TOTAL AMOUNT OF BENEFITS: \$
8. RECEIPT OF FIRST CHECK DATE
9. EMERGENCY PAYMENT ARE TO BE DEDUCTED FROM FIRST CHECK

APPROVAL OF THIS APPLICATION IS BASED ON YOUR, PRESENT INCOME AND CIRCUMSTANCES AND INFORMATION PROVIDED BY YOU. **ANY CHANGES IN INCOME FROM ANY SOURCE, OR OTHER CHANGES IN CIRCUMSTANCES, MUST BE REPORTED IMMEDIATELY TO THIS OFFICE.** FAILURE TO DO SO WILL RESULT IN SUSPENSION OF ALL BENEFITS.

Appeal Rights

If you disagree with this action, you may appeal. If you choose to appeal, the following procedures must be followed.

A. Within 21 days of this decision, you must mail or hand-deliver a dated letter signed by you to:

“Appeal Section”

Department of Veterans' Services
600 Washington St., 7th Floor
Boston, MA, 02111

B. In addition, you must mail or hand-deliver a copy of your letter of appeal to me, your Veterans' Services Officer.

C. You must mail your appeal to DVS within 21 days of receiving this Notice of Determination.

D. Your letter of appeal should include your reason for disagreeing with this action.

Prior to the Appeal Hearing, you have the right to examine and copy any documents the Veterans' Services Officer relies upon to support this action.

DATE

Director of Veterans' Services