

Georgia Department of Human Services

Division of Family and Children Services

Case Name [REDACTED]

Case Number [REDACTED]

Client Name [REDACTED]

Worker ID [REDACTED]

Client ID Number [REDACTED]

Telephone [REDACTED]

Ms. [REDACTED]

I need Ms [REDACTED] last 4 bank statements, proof of Pension's Phizer and Fidelity. I need the homeplace address, burial contract and the name of the funeral home. I also need to know what kind of Medical assistance are you applying for. If CCSP or Nursing Home, I need forms for those class of Medicaid. You can upload to gateway , or fax to our hub 912-377-1137 with application number, or email it to me in a pdf.file sreynolds@dhs.ga.gov.

Policy Manual Reference:

If you have any questions about this notice please contact our office at the phone number listed on the first page of this notice.

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