

To: Division of Recipient Eligibility Programs
201 West Preston Street
Room SS- 7C
Baltimore, Maryland 21201

From: _____ Department of Social Services
(Local Department)

Name of Recipient _____
 First M.I. Last

M.A. I.D. _____

Name of Facility _____

MMIS Provider I.D. _____

Requested Begin Pay Date _____

Date of Discharge _____

Recipient Certified under Spenddown.

Excess income remaining of first day of eligibility: \$ _____

Worker Signature: _____ Date: _____

Telephone No. _____