

Public Benefits Problems

1. **Public Benefits** include the following types of programs. Please mark the program that your problem concerns:

- AND (Aid to the Needy Disabled)
- CHP+ (Child Health Plan)
- Food Stamps
- HCA (Home Care Allowance)
- HCBS (Home and Community Based Services)
- Medicaid
- Medicare
- OAP (Old Age Pension)
- Social Security Disability benefits
- Social Security Retirement benefits
- Social Security Survivors or widow(er)'s benefits
- SSI (Supplemental Security Income)
- TANF (Temporary Aid to Needy Families)
- Unemployment Insurance benefits
- Other: _____

2. If you are applying for or receiving benefits because of a disability, please describe your disability:

3. **Problems** with public benefits programs include the following situations. Please tell us which problem you are having:

- I applied for benefits and was **denied** (turned down), or a service was denied.
- I am receiving benefits, but the amount of my benefits was **reduced**, or **changed**.
- I have been told that I must re-pay an **overpayment** which they claim I received.
- I have been receiving benefits, but my benefits have been **terminated** (taken away).
- Other: _____

4. Please give us a **copy** of the **notice** which you received about the denial, reduction, overpayment, or termination.

5. When did you receive your notice? _____

6. If you were notified of an **overpayment**, please tell us:

- the amount of the overpayment: _____
- the reason given for the overpayment: _____
- have you filed a request for waiver of the overpayment? (Waiver means that you are asking not to have to pay it back.)
 - Yes
 - No

17. Please give us any other information that you feel will help us to evaluate your case:

18. If there is evidence that supports your case, please attach it or tell us where we can find it.

19. What do you want Colorado Legal Services to do for you? _____

20. If your problem involves **Social Security** or **SSI** benefits, and you have been denied benefits, Colorado Legal Services will refer your case to a panel of private attorneys who will not ask you to pay attorney fees, but will collect a fee out of your benefits if the attorney wins your case. If the attorney does not win, you will not owe any attorney fees. However, you may have to pay some costs, such as charges for copies of medical records. Do you agree to have your case referred to a private attorney under these conditions?

- Yes
 No

*Thank you! If we need more information, we will contact you. If you have any questions about applying for Legal Services, please call 1-800-521-6968. If we are able to help you, we will send you a **release form** which will give us permission to look at your records. Please sign it and return it to us as soon as you can.*

Please fill out all three pages of this form!