

TITLE II COLA (SECTION 503) MEDICAID EXTENSION REFERRAL LETTER

To: Texas Department of Human Services
Attn: Aged and Disabled Medicaid Caseworker

Date: _____

_____, Texas

The following individual was eligible for Supplemental Security Income in _____*, but became ineligible effective _____* because of a title II cost-of-living adjustment (COLA) increase paid to this individual or his/her (eligible or ineligible) spouse. For this reason, the person is a candidate for preservation of Medicaid eligibility under the provision of Section 503 of Public Law 94-566 or the Lynch vs. Rank court decree.

*If there is a break in entitlement between these two dates, show the months of ineligibility and payment status code for each month:

Name and Address _____
(Including _____
Representative _____
Payee) _____

County of Residence _____

Social Security Number _____

Title II Claim Number _____

Gross Title II Payment Prior to COLA \$ _____

Current Gross Title II Payment \$ _____

Other Income (If any): _____

FM: Social Security Administration

TX

(Area Code/Telephone)

(Print Name of SSA Employee Making Referral)