

**CNS Paragraph Form**

Date: 10.27.2014

**Program Area**        **03**        (01=PA, 02=FS, 03=MA, 04=HP)  
**Paragraph Number** **U0060**  
**Version Number**    **00002**  
**Effective Date**     **2014**    (YYMMDD)  
**Title**                **Deletion from Case Moved Out of Household**  
**Comment**  
**Reason Code**        **E85**

We will delete the following individual(s) from your Medicaid case effective\_\_\_\_\_:

Name	Client I.D. #
Name	#
Name	#

This is because you informed us that the individual(s) no longer lives with you.

This decision is based on Section 366(1) of the Social Services Law.

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Nosotros removeremos a las siguiente persona(s) de su caso de Medicaid a partir de/del \_\_\_\_\_:

Nombre	No. del I.D. del Cliente
Nombre	#
Nombre	#

Esto es porque usted nos informo que la persona(s) ya no vive con usted.

Esta decision se basa en la Seccion 366(1) de la Ley de Servicios Sociales.