

DEVELOPMENTAL DISABILITIES ADMINISTRATION

Notice of Case Activity - Financial Reporting

TO: Eligibility Determination Division
6 St. Paul Street, Suite 400
Baltimore, Maryland 21202
Phone: (410) 767-6603 FAX: (410) 333-0109

INDIVIDUAL INFORMATION:

| | | |
|---------------------------|------------------------|---------------------|
| _____ | _____ | _____ |
| Last Name | First Name | Middle Name/Initial |
| _____ | _____ | _____ |
| Medical Assistance Number | Social Security Number | Jurisdiction/County |

- Has had a change in income*:
 New amount _____, Source _____, effective _____ *
 Received lump sum payment of _____ on/for the following period/
reason _____
*It is not necessary to report the COLA (annual increase) for SSI recipients

- Has had a change in private insurance:
 Added: Insurance Company _____
 Cancelled: Insurance Company _____
 Changed from _____ to _____

- Has had a change in resources: Resources were under **\$2,000** and now resources exceed **\$2,000**
amount to _____

| | | |
|--------------|-----------|-------|
| _____ | _____ | _____ |
| Completed by | Agency | Date |
| _____ | _____ | |
| Email | Telephone | |