



NOTICE OF NON-COMPLIANCE WITH IMPACT (EMPLOYMENT AND TRAINING) REQUIREMENTS

State Form 25385 (R10 / 1-12) / IMP 2210

Date (month, day, year)
Case number
RID number

TO:	FROM:
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Our records show that you did not comply with an IMPACT Employment and Training requirement. The requirement was to:

on _____, _____ at _____ or for the month of _____.

If you believe there was good cause for not complying with this requirement, contact your IMPACT Case Manager as soon as possible. You may do this by (1) filling out the bottom part of this notice and returning the entire notice to the IMPACT Office listed below, or (2) by calling your IMPACT Case Manager at the toll free telephone number listed below. In addition, your good cause reason must be verified in writing by a second party (doctor, hospital, etc.) by the date listed below.

The IMPACT Case Manager must be notified verbally or in writing by: _____

If you do not contact your IMPACT Case Manager and provide written verification of good cause by the above date, and/or if the reason you provide does not meet the good cause criteria, the non-complying member may lose Medicaid benefits and the entire Assistance Group (AG) may lose Temporary Assistance for Needy Families (TANF) benefits as indicated below:

TANF IMPACT SANCTION PERIODS: The following minimum sanction periods will apply to MANDATORY IMPACT TANF recipients who do not have good cause for their non-compliance:

- First occurrence:**
Loss of TANF cash assistance and eligibility for supportive services for the entire AG for a minimum of one (1) month, or until the sanctioned individual demonstrates compliance, whichever is later.
- Second occurrence:**
Loss of TANF cash assistance and eligibility for supportive services for the entire AG for a minimum of three (3) months, or until the sanctioned individual demonstrates compliance, whichever is later.
- Third occurrence:**
Lifetime disqualification from the TANF Program for the entire AG, and any subsequent AG in which the sanctioned individual(s) is either the case head or a member.

Signature of IMPACT Case Manager	Date signed (month, day, year)	Telephone number 1-800-403-0864 (Option 3)
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I did not comply with the IMPACT (Employment and Training) requirement(s) because:

Attach second party written verification, if available.

Signature of IMPACT client	Date signed (month, day, year)
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