



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

NOTICE OF MEDICAID CONTINUATION

Your child has been covered by the Florida Medicaid Program because he/she was receiving Supplemental Security Income (SSI) cash benefits. The Social Security Administration has ended your child's SSI cash benefits. Your child is eligible for continuous Medicaid coverage through _____, there is no need to take any action for your child to receive this continued Medicaid coverage.

Your child will be eligible for this Medicaid coverage unless he/she moves from the State of Florida. If your child moves from Florida, please report this change to the Department of Children and Families (DCF) within 10 days at the phone number listed below.

If you have any questions about this letter, please call DCF at (850) 300-4323.

This action is in accordance with Chapter 409.904, Florida Statutes.

Mail Date:

Payee Name:

Childs Name:

Medicaid ID Number:

SSN:

Date of Birth:

