

ANY BRANCH - SENIOR SERVICES
PO BOX 1111
ANYWHERE, OR 99999-9999

STATE OF OREGON
DEPARTMENT OF
HUMAN SERVICES

SENIORS AND
PEOPLE WITH
DISABILITIES

SMITH, JOHN
PO BOX 111
ANYWHERE, OR 99999

Services Termination Notice

Date: Dec 15, 2004
Account Number: AAA0000A
Bill Notice: AA0001
10-Day Notice Number: AA0045

You are paying in to the State for the cost of your in-home care services. Our records show we have not received your monthly service payment for [Dec 2004]. You must make your monthly pay-in to remain eligible for the in-home services program. Since we have not received your payment, your services will end [December 31, 2004].

***See next page for your hearing rights.**

Rule 461-160-0620, 461-185-0050 and Rule 461-180-0040

Use the enclosed envelope to send payment. **Do NOT send cash.** Make checks or money orders payable to Seniors and People with Disabilities.

<u>Description</u>	<u>Amount</u>
Total Payment Overdue	\$200.00+

Keep this part for your records

Return this part with your payment

Department of Human Services
Client Pay-In For Services Payment
PO Box 14175
Salem, OR 97309-9937

Account: AAA0000A - Williams, John Branch: 0001

Bill Notice: AA0001

10-Day Notice Number: AA0177

Amount Due: \$200.00

Amount Enclosed: _____

(Amount payable to Seniors and People with Disabilities)

SDS ? (01/05)?