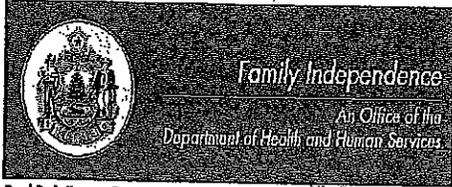


#13



Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Department of Health and Human Services
Family Independence
19 Union Street
11 State House Station
Augusta, Maine 04333-0011
Tel.: (207) 624-4168; Fax: (207) 287-3455
Toll-Free (800) 442-6003; TTY Users: Dial 711 (Maine Relay)

Sent via Certified Mail Return Receipt Requested

September 20, 2016

Ms. Pamela Chase
City of Belfast
131 Church Street
Belfast, ME 04915

Dear Ms. Chase:

This is to acknowledge receipt of your plan of correction, dated 08/11/2016, and to advise you that it is being denied. For the Department to accept your plan, the following changes and/or additions are required:

1. Conditions of eligibility for repeat applicants are not discretionary. They must be completed by the applicant prior to further assistance being granted.
2. IAR forms must be sent to the proper agencies within 30 days of being signed by the applicant. Any forms received after 30 days are considered void by the Social Security Administration.
3. If the amount of assistance that the client is eligible for is not enough to cure an eviction/electrical disconnect, the client will provide proof that he or she has obtained other resources that will pay the balance.
4. Belfast will resubmit reimbursement requests beginning with August 2015. All requests are to include only expenditures that were granted in accordance with General Assistance statute and rule. Belfast may be required to show evidence that the reimbursement requests include only eligible expenditures.

Within 30 days of receipt of this letter, Belfast must provide the Department with a new corrective action plan that includes those four issues. Within 30 days of receipt of such new corrective action plan, the Department will review the plan and notify Belfast in writing as to whether the plan is acceptable. If the Department accepts the new corrective plan, I will schedule a review within 60 days of that notice of acceptance of the plan.

In accordance with 22 M.R.S. § 4323, the Department will continue to withhold reimbursement, and will issue a civil penalty of not less than \$500 for every 30 day period Belfast has been out of compliance. Reimbursement will commence when Belfast has been found to be in compliance and accurate reimbursement requests have been received.

Sincerely,

IMiller 9/20/16

Ian Miller
General Assistance Program Manager, DHHS-OFI