

**MBI-WPD
Sample Grace Period Letter
For
Job Loss**

Address/letterhead

Dear _____:

This letter will confirm the approval of your request for a grace period in the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) due to job loss. This grace period is effective _____ through _____. Your participation in the MBI-WPD program means that your Medicaid coverage will not be interrupted during this grace period.

Once you have a new job, you must notify the local Department of Social Services in writing and submit verification of employment, i.e. a copy of your first pay stub. At that time, you will no longer be in a grace period as you will, once again, be considered an actively employed participant in the MBI-WPD program.

If you do not obtain a job by _____, and require an extension of this grace period, you will be required to request the extension in writing and document your efforts to actively seek employment during the time of the current grace period. Documentation of employment-seeking means you must keep a job interview record containing the following:

1. The date of each job interview that you have attended.
2. The name and title of the individual who conducted the interview and the address and phone number of the business or agency where the interviews took place.
3. The outcome of each interview (offered a job, or were not offered a job).
4. If you declined a job offer, the reason you declined.
5. If a VESID counselor is assisting you in your job-seeking efforts, written verification from the VESID counselor will be accepted as supportive documentation, as long as it contains the information in your job interview record.

We wish you luck in your efforts to obtain employment.

Sincerely,

Signature