

**STATE OF MONTANA**  
**Department of Public Health and Human Services**  
**BIG SKY WAIVER (BSW)**  
**Applicant - Request for Information Notice**

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**Applicant Information:**

**General Information:**

In order to determine your eligibility for the BSW program, additional information, documentation and/or an action is required.

**Why you are getting this letter:**

You are required to provide or complete the following:

**What this means for you:**

You are required to submit the above listed information and/or complete the action listed by ( ).

If you are not able to submit the information and/or complete the action by the deadline listed above, you can request additional time (a deadline extension of another 15 days) by contacting the Case Management Team by ( ). You may only request up to two extensions of 15 additional days.

If you fail to submit the above listed information and/or complete the action by ( ) and a deadline extension has not been requested, your request for coverage through BSW will be denied.

**If you have questions, please contact the Case Management Team listed below:**

**Legal Basis:** ARM 37.40.1408, .1426; BSW Application 02-11-2019, BSW Policy Manual.