

**STATE OF MONTANA**  
**Department of Public Health and Human Services**  
**BIG SKY WAIVER (BSW)**

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**Member - Request for Information Notice**

**Member Information:**

**General Information:**

Additional information, documentation and/or an action is required from you in order to determine your continued eligibility for the BSW program and/or BSW program service(s).

**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 fail to submit the above listed information and/or complete the action by ( ), your BSW program coverage (or BSW service coverage of ( )) may be terminated.

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

**Legal Basis:** ARM 37.40.1408, .1426; BSW Application, BSW Policy Manual.