



W-1024FL  
(Rev. 03/18)

State of Connecticut  
Department of Social Services  
**Spend-down FastLink**

(Cover Sheet)

Case ID: \_\_\_\_\_  
Client ID: \_\_\_\_\_

This address  
must display in  
window of  
return envelope



DSS Scanning Center  
P.O. BOX 1320  
Manchester, CT 06045-9968

You are receiving this Spend-down FastLink because you are on a medical spend-down. You must return it with proof of your medical expenses.

**IMPORTANT: YOU MUST FILL OUT AND SEND THIS COVER SHEET WITH PROOF OF YOUR MEDICAL EXPENSES ONLY. FAILURE TO SEND THIS COVER SHEET WITH YOUR MEDICAL EXPENSES MAY RESULT IN A SERVICE DELAY.**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Case ID: \_\_\_\_\_

Client ID: \_\_\_\_\_

Fill out the information below:

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of pages I am returning (including this cover sheet): \_\_\_\_

Fold this cover sheet so that the return address (above) shows through the return envelope window.

Note: Please **send photocopies** of your documents. **DO NOT** send original document

