SNAP 13A
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Louisiana Department of Health
Supplemental Nutrition Assistance Program (SNAP)

Action Taken On Your SNAP Case

Name: _____ ID No.: _____

Address: _____ Date: _____

_____ Advance Notice of Adverse Action ☐ Yes ☐ No

Notice Expiration Date: _____

Action or proposed action on your Supplemental Nutrition Assistance Program (SNAP) case is checked below and explained in the "Reason" section.

☐ 1. You are eligible to receive SNAP benefits for the month(s) of _____ .

- ☐ In _____ , you will receive $ _____ in SNAP benefits which covers the month(s) of _____ .
- ☐ Beginning _____ , you will receive $ _____ in SNAP benefits each month. These amounts may be different if your household is in allotment reduction.
- ☐ Since you applied for SNAP benefits and public assistance at the same time, your SNAP benefits may be reduced without advance notice if you are found eligible for public assistance.

☐ 2. Because you needed SNAP benefits right away, we postponed some verifications. You must provide the verification listed below to continue to receive SNAP benefits. When this verification is received, your benefits may change without advance notice. Verification must be provided by _____ , or your case will be closed.

☐ 3. Your application was not approved for the reason listed below.

☐ 4. Your case was denied/closed because you failed to provide the verification listed below.

- ☐ If you provide the verification by _____ , and you are determined eligible, we will reopen your case using the original application date.
- ☐ If you provide the listed verification after _____ but by _____ , and you are determined eligible, we will reopen your case to the date you provide the verification. Your case will be processed within 30 days of the date you provide the verification. **You may be required to provide additional verification of current circumstances.**
  You will have to reapply if you do not provide the verification by _____ .

☐ 5. Your application/reapplication was denied because you failed to keep your scheduled appointments. If you are interviewed and provide all required verification by _____ , and you are determined eligible, your case will be reopened.

☐ 6. It has been 30 days since you applied. A decision has not been reached regarding your SNAP eligibility for the reason(s) listed below.

- ☐ If you are certified, you will receive benefits from the date of application.
- ☐ If you provide all required verification by _____ , and your case is certified, benefits will be prorated from the date you provide the verification.

☐ 7. Your SNAP case will be closed beginning _____ for the reason listed below. If the reason for closure is failure to provide verification and you provide the verification listed below by the expiration date of this notice, your case will not be closed.

☐ 8. The receipt of a Louisiana Purchase Automated Benefit card does not mean you have been determined eligible for benefits. If you do receive this card, keep it to use if you are found eligible to receive benefits in the future.

☐ 9. You are required to report if your household's gross monthly income increases to more than $ _____. This includes reporting the income of a person who moves into your home if their income combined with your household's income exceeds this amount. **You may wait to report all other changes until your next redetermination or simplified report, whichever comes first.**

☐ 10. A child who is a member of a household receiving assistance from SNAP or FITAP may be eligible for free meal benefits at school. You should contact your local school for information on free meal benefits for school meals.

Reason:

For more information about programs and services or for specific information about your case, call 1-888-LAHELPU (1-888-524-3578).

_____ _____

Agency Representative Phone No.

If your household is approved to receive FITAP, KCSP, or SSI benefits, but your SNAP application was denied, you may be categorically eligible for SNAP. Please notify LDH if your household receives FITAP, KCSP, or SSI benefits so that we may review your case for SNAP eligibility.

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) Mail: USDA Food and Nutrition Service, 1320 Braddock Place, Room 334 Alexandria, VA 22314; or (2) Email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

Fair Hearing Information

If you think the action is unfair or you do not understand this decision, you or your authorized representative may discuss it with a supervisor in this office. You may also request a fair hearing. If this is an Advance Notice of Adverse Action and you have not requested a fair hearing by 4:30 p.m. on the expiration date shown on the front of this form, the change will be made.

If you want to request a fair hearing on a SNAP change, complete the section below, sign and mail it or contact me at the local office. You can request a fair hearing on a SNAP change within 90 days of the date of this notice.

If you are currently receiving benefits and you request a fair hearing by the expiration date, you will continue to receive benefits at the current level until the end of your current certification period or until the resolution of the appeal, whichever is earlier, unless you indicate you do not want to do so by checking one of the blocks below. You can represent yourself at the hearing or authorize someone else, such as legal counsel, relative, friend or other spokesman to represent you.

For free legal advice call _____ . At the hearing, the Hearing Officer will establish the principal issue. If the sole issue involves disagreement with State or Federal laws or the Agency's policy, the proposed action will be taken immediately. A final decision will be rendered after a careful study is made of the evidence presented.

Complete And Sign Only If You Wish to Request a Fair Hearing

Complete this section and sign below if you wish to appeal the decision on your case. Use the space below to tell why you want a hearing.

☐ I am requesting a fair hearing within 13 days of the mailing date of this notice and want to continue receiving the amount of SNAP benefits I now receive until the fair hearing. **Ineligible assistance will be subject to repayment.**

☐ I am requesting a fair hearing within 13 days of the mailing date of this notice and do not want to continue receiving the amount of SNAP benefits I now receive until the fair hearing.

☐ I am requesting a fair hearing. Since it is not within 13 days of the mailing date of this notice, I cannot continue receiving the amount of SNAP benefits I now receive until the fair hearing.

If the final decision is in your favor, retroactive benefits will be issued, if appropriate

Signature	Date	Phone No.

Return to:

_____ Parish

_____

_____