

Louisiana Department of Health

**P.O. Box 260031
Baton Rouge, LA 70826-0031**

Case Name: _____
Case ID Number: _____
Worker Number: _____
Date: _____

This letter is about your Cash Assistance and/or Supplemental Nutrition Assistance Program (SNAP) case.

You applied for Cash Assistance and/or SNAP benefits on _____ In order to determine your eligibility, certain factors must be verified. **YOU MUST PROVIDE THE VERIFICATION INDICATED BELOW**
BY _____ . If the information is not provided by this date, your application may be denied. If you applied for SNAP and are determined expedited, you will receive a notice of decision no later than _____ . If you are not expedited and you provide the necessary information by the above date, you will receive benefits or notification that you are not eligible for assistance by _____ .

According to state policy, you have the right to have your application processed within 30 days of the date you applied. The 30-day processing time frame will not be applied if 1) you fail to provide required information or 2) an unexpected circumstance beyond the Department's control should occur. The 30-day processing time frame shall not be used as a basis for denial of your application.

You have provided all the information required to determine your eligibility. This form is being provided to advise you of the agency's application time standards for benefits.

If needed, an EBT card will be requested immediately if your case meets the SNAP expedited criteria or on the 21st day from your application date or when your case is certified, whichever comes first. The receipt of an EBT card does not mean you have been determined eligible for benefits. You will be notified when an eligibility determination has been made.

You have been identified as a participant for Strategies to Empower People (STEP). STEP is the work program for people who receive cash assistance. STEP will help you in becoming self-sufficient through your participation in work activities, educational enhancements, job preparation, job placement, and other activities. Louisiana Workforce Commission (LWC) will contact you and schedule an appointment with you for developing a plan. **FAILURE TO KEEP THIS APPOINTMENT OR COOPERATE IN DEVELOPING OR SIGNING THE PLAN WILL RESULT IN CASE CLOSURE.**

An appointment has been scheduled/rescheduled for you on _____ at _____
(Date) (Time)

This appointment is for a:

Telephone interview. You will be contacted at _____.
(Phone #)

The call for your interview may come from a telephone number outside of your area code or from an unknown number.

Face-to-face interview at _____.
(Place/Address)

FAILURE TO KEEP THIS APPOINTMENT MAY RESULT IN DENIAL OR CLOSURE OF YOUR CASE.

I need to talk to you for the following reason(s):

PROVIDE THE INFORMATION INDICATED BELOW NO LATER THAN _____.

You may FAX documents to (225)663-3164, mail to the address listed above, or upload documents through the LDH Customer Portal at www.ldh.la.gov. Please include the head of household's name, Case ID Number, Social Security Number, Date of Birth, and Worker Number on all documents that you submit. Do not submit original documents such as original birth certificates or social security cards, or original check stubs. Please provide copies of these documents because the original may not be returned to you.

If you cannot provide the information by this date, please call 1-888-LAHELPU (1-888-524-3578) to let me know so that arrangements can be made to give you additional time or so that we can help you get the required verification. IF WE DO NOT HEAR FROM YOU, YOUR CASE MAY BE DENIED OR CLOSED.

SNAP	CASH	
Age, Identity, and Relationship		
	<input type="checkbox"/>	Birth/baptismal certificates/christening papers for
	<input type="checkbox"/>	Medical records which establish date of birth and relationship to you for
	<input type="checkbox"/>	Doctor's statement giving expected date of delivery for your unborn child
	<input type="checkbox"/>	Immigration records for
<input type="checkbox"/>	<input type="checkbox"/>	Driver's License/State ID/Proof of Identification for
<input type="checkbox"/>	<input type="checkbox"/>	Other
Residence/Citizenship and Living in Home of Qualified Relative		
<input type="checkbox"/>	<input type="checkbox"/>	Name, address, phone number of landlord
<input type="checkbox"/>	<input type="checkbox"/>	Name, address, phone number of two UNRELATED persons who can verify residence and that your children live with you, or contact your worker to schedule a home visit.
<input type="checkbox"/>	<input type="checkbox"/>	Return completed form OFS 81 – Landlord Verification Form

SNAP	CASH	
Residence/Citizenship and Living in Home of Qualified Relative		
<input type="checkbox"/>	<input type="checkbox"/>	Return completed form OFS 83 – Verification of Living Arrangements
<input type="checkbox"/>	<input type="checkbox"/>	Other
Social Security Number/Card		
<input type="checkbox"/>	<input type="checkbox"/>	Social Security numbers/cards for
<input type="checkbox"/>	<input type="checkbox"/>	Proof that you have applied for a Social Security Number for
<input type="checkbox"/>	<input type="checkbox"/>	Other
Non-Custodial Parent Information		
	<input type="checkbox"/>	Information to contact Parent of (specify what is needed)
	<input type="checkbox"/>	Information to contact Parent of (specify what is needed)
<input type="checkbox"/>	<input type="checkbox"/>	Other
School Attendance		
	<input type="checkbox"/>	Statement from school verifying attendance of
<input type="checkbox"/>	<input type="checkbox"/>	Other
Income		
<input type="checkbox"/>	<input type="checkbox"/>	Check stubs from employer or statement from your employer verifying wages, for period of or return completed form OFS 87 – Current, Past or Anticipated Wage Verification Letter for
<input type="checkbox"/>	<input type="checkbox"/>	Statement of contributions or return completed form OFS 86 – Verification of Contributions from
<input type="checkbox"/>	<input type="checkbox"/>	Statement verifying money received from
<input type="checkbox"/>	<input type="checkbox"/>	Other
Resources		
<input type="checkbox"/>		Papers to verify ownership and value of
<input type="checkbox"/>		Bank statements
<input type="checkbox"/>		Other

SNAP	CASH	
Legal Documents		
	<input type="checkbox"/>	Marriage/separation/divorce papers for
	<input type="checkbox"/>	Court document establishing legal custody/guardianship of
	<input type="checkbox"/>	Medical records to prove disability for
	<input type="checkbox"/>	Provisional custody by mandate for
	<input type="checkbox"/>	Death certificate for
<input type="checkbox"/>	<input type="checkbox"/>	Court order, administrative order, or other legally enforceable document for child support
<input type="checkbox"/>	<input type="checkbox"/>	Other
Deductible Expenses (Shelter, Dependent Care, Medical, Legally Obligated Child Support, etc.). Specify verifications needed.		
<input type="checkbox"/>		Rent receipts or mortgage receipts/mortgage papers
<input type="checkbox"/>		Return completed form OFS 81 – Landlord Verification Form
<input type="checkbox"/>		Utility receipts (electric, gas, water, phone)
<input type="checkbox"/>		Proof of current insurance expense on your home
<input type="checkbox"/>	<input type="checkbox"/>	Receipts or statement of child care expense from dependent care provider for
<input type="checkbox"/>		Hospital/doctor/medical bill from
<input type="checkbox"/>		Other medical bills from
<input type="checkbox"/>		Other
Immunization		
	<input type="checkbox"/>	Immunization Records for
	<input type="checkbox"/>	Other
Work Requirements		
<input type="checkbox"/>	<input type="checkbox"/>	Register for work with Louisiana Workforce Commission (LWC) by creating an active Helping Individuals Reach Employment (HiRE) account and maintaining an active work registration within the HiRE account at www.laworks.net .
	<input type="checkbox"/>	Meet your work requirement or cure a STEP Program sanction by
Other		
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

SNAP	CASH	
FITAP/KCSP Forms Requiring Completion and/or Signature		
	<input type="checkbox"/>	Return signed form Flyer 6 - Notice of Cooperation with Child Support Enforcement and Agreement to Relinquish Child Support Payments
	<input type="checkbox"/>	Return signed form Flyer 7 - Notice of Assignment of Rights
	<input type="checkbox"/>	Return signed form OFS 4NCP(s) - Non Custodial Parent Information Summary
	<input type="checkbox"/>	Return signed form OFS 4NCP Supplement(s) - Information Summary Supplement by Natural Mother
	<input type="checkbox"/>	Return signed form OFS 80(s) - Collateral Statement
	<input type="checkbox"/>	Return completed form OFS 4NA - Needs Assessment
	<input type="checkbox"/>	Return signed form OFS 4FA - Family Assessment
	<input type="checkbox"/>	Return signed form Flyer DV - Notification of Right to Claim Good Cause

For any further questions or inquires, please contact a Customer Service Representative at 1-888-LAHELPU (1-888-524-3578).