Department of Children and Family Services						
OFS 18MR	Date:					
	Case ID:					
NOTICE OF EXPIRATION						
It is time to review your eligibility you do not reapply for assistant receive benefits beginning the i	ce by the due date, you will no longer					
You must complete an applicat (Redetermination) so that we continued benefits.	ion for continued assistance an determine if you are still eligible for					
 Complete an application I 	receiving your benefits, you must: by/ cation before the end of your					
If your Redetermination application application in the second sec	ation is not received by e will be closed and you will have to					
 You may complete your Redete Over the Telephone Online At a DCFS Office or Comr 	ermination application: nunity partner site in your area, OR					

• By completing and submitting a Paper Redetermination

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Application.

Once you have submitted your redetermination application, someone will contact you if there are any questions. If we are unable to reach you by phone, the worker may schedule an interview appointment. You are responsible for keeping any scheduled interview, and for providing required verification. If an interview is scheduled and you do not timely complete the interview, benefits will be delayed or denied.
Once you have submitted your redetermination application, you are responsible for calling in to be interviewed and for providing required verification. If you do not timely complete the interview, benefits will be delayed or denied.

How to Complete Your Redetermination Application Over the Telephone:

1. Call <	1-888-LAHELPU	(1-888-524	<mark>4-3578</mark>	<mark>)</mark> >	
by	Don't wa	it!			

2. Call between 8:00 am and 2:00 pm, Monday through Friday

How to Apply Online and Complete Your Redetermination Application:

- 1. Access Louisiana CAFÉ at www.dcfs.la.gov/cafe.
- 2. If you already have an account, log in using your User ID and Password and skip to Step 13. If you do not have an account, continue to Step 3.
- 3. To create a new account, click the link that says, "New to LA CAFE? Click here to get started!"
- 4. Review the information on the screen and click 'Next'.
- 5. Click the 'Create Account' button to continue.
- 6. Complete Step 1: Your Personal Information.
- 7. Complete Step 2: User ID, Password, and PIN.

- 8. Complete Step 3: Security Check.
- 9. Complete Step 4: User Acceptance Agreement (be sure to check the box).
- 10. Click the 'Create Account' button to continue.
- 11. On the My.La.gov page, complete Steps 1-4 and click the 'Create Your Account' button.
- 12. Set up your Security Questions and Answers (write them down) and then click Submit.
- 13. Click 'My Redeterminations'.
- 14. Click 'Apply Now' and follow the prompts.

*** Keep the following information for your records and do not share it with anyone. ***

User ID
Password
Personal Identification Number (PIN)
Security Questions and Answers

1. Mail To:

DCFS Family Support/Economic Stability P. O. Box 260031 Baton Rouge, LA 70826-0031

2. Fax To:

1-225-663-3169

Your Redetermination Application must include your name, address and signature to be accepted for review. If you do not agree with our decision on eligibility, you have the right to request a fair hearing. If everyone in your household receives Supplemental Security Income (SSI), you can apply for continued assistance for SNAP at your local Social Security Administration office.

You may contact the DCFS Customer Service Center at 1-888-LAHELP-U (1-888-524-3578) for information on all programs and how to apply.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-

<u>17Fax2Mail.pdf</u>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. mail:

Food and Nutrition Service, USDA 1320 Braddock Place, Room 334 Alexandria, VA 22314; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.