

Department of Children and Family Services
OFS 18MR

Date: _____

Case ID: _____

NOTICE OF EXPIRATION

It is time to review your eligibility for (_____).
If you do not reapply for assistance by the due date, you will no longer
receive benefits beginning the month of ____ / ____ .

You must complete an application for continued assistance
(Redetermination) so that we can determine if you are still eligible for
continued benefits.

In order to avoid any delays in receiving your benefits, you must:

- Complete an application by ____ / ____ / ____.
- Provide all required verification before the end of your
certification period.

If your Redetermination application is not received by
____ / ____ / ____ your case will be closed and you will have to
reapply.

You may complete your Redetermination application:

- Online
- At a DCFS Office or Community partner site in your area, OR
- By completing and submitting a Paper Redetermination
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 an interview will be scheduled. **You are responsible for keeping any scheduled interview, and for providing required verification.** If you do not timely complete the interview, benefits will be delayed or denied.

How to Apply Online and Complete Your Redetermination Application:

1. Access Louisiana CAFÉ at www.dcfsls.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.

Non-Discrimination Statement

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, audiotope, 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-0508-0002-508-11-28-17Fax2Mail.pdf>, 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.

You may file a civil rights complaint with the Department of Children and Family Services (DCFS) by completing the Civil Rights Complaint

Form. Turn the form in to a local office; mail it to DCFS Civil Rights Section, P O Box 1887, Baton Rouge, LA 70821; email DCFS.BureauofCivilRights@LA.GOV, or; call (225) 342-0309. You may file a civil rights complaint with DCFS and USDA or only DCFS.

A program complaint may be filed with the Department of Children and Family Services (DCFS) by emailing LAHelpU.DCFS@LA.GOV or by calling (225) 342-2342.