

Simplified Reporting Reminder Notice

Case ID No: _____

Date: _____

Dear _____ :

This is a reminder that your Supplemental Nutrition Assistance Program (SNAP) Simplified Report has not been received. You must provide the completed and signed Simplified Report or submit a complete Simplified Report in the CAFE Self-Service Portal. You must have a completed Simplified Report and provide all required verification to DCFS no later than _____.

If you have any questions about how to complete the Simplified Report, what verification that you must provide, or for more information about programs and services, to request a Simplified Report form, or for specific information about your case, call 1-888-LAHELPU (1-888-524-3578).

You may complete your Simplified Report:

- Online
- At a DCFS Office or Community partner site in your area OR.
- By completing and submitting a Paper Simplified Report form.

To complete your Simplified Report online, go to <https://cafe-cp.dcfs.la.gov>.

If you do not have a **CAFÉ** Account:

If you do not have a CAFÉ Account already, you will need to set up your café Account by accessing the following link <https://cafe-cp.dcfs.la.gov> and following these steps:

1. Click the link that says, 'If you don't have an account already, click here to get started!'
2. Review the information on the screen and click 'Next'.
3. Click the 'Create Account' button to continue.
4. Complete Step 1: Your Personal Information.
5. Complete Step 2: User ID, Password, and PIN.

*** Write your account information down for your records and do not share it with anyone. ***

1. Complete Step 3: Security Check.
2. Complete Step 4: User Acceptance Agreement (be sure to check the box).
3. Click the 'Create Account' button to complete the process.
4. Set up your Security Questions and Answers (write them down) and then click Submit.
5. On the MyAccounts page, click 'My Simplified Reporting'.
6. Click 'Apply Now' and follow the prompts.

If you already have a CAFÉ Account:

If you already have an account, enter your User ID and password and click the LOGIN button to Sign-In which will take you to the MyAccounts page. On the MyAccounts page, click My Simplified Reporting which will allow you to submit a Simplified Report.

We will use this information to make sure that you are still eligible and are receiving the correct amount of benefits. Reported changes may result in a reduction or termination of benefits. You must report certain changes that have occurred since your last application.

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.

Your Right to a Fair Hearing

What is a fair hearing?

Any time you disagree with a decision taken on your Supplemental Nutrition Assistance Program (SNAP) case, you have the right to request a fair hearing with an official who is required by law to review the facts of every case in a fair and objective manner.

When can you ask for a fair hearing?

You can ask for a fair hearing if:

- You applied for benefits and are denied, or
- You disagree with a decision on your case, or
- You believe your benefits were not calculated correctly.

Deadline to ask for a fair hearing?

For SNAP decisions:

- If we closed your case or denied your request for benefits, you must appeal within 90 days following the date of the notice.
- If we changed your benefit amount, you can appeal anytime within your certification period.

For FITAP/KCSP decisions, you must request a hearing within 30 days of the date this notice was mailed.

Can you get free legal help?

Yes. For free legal advice call _____ .

How do you ask for a fair hearing?

To request a fair hearing:

- Call 1-888-LAHelpU (1-888-524-3578) and request a fair hearing, or
- Complete and sign the section below and mail it to: DCFS Family Support/Economic Stability P.O. Box 260031 Baton Rouge, LA 70826-0031, or
- Visit a local DCFS office and speak to a supervisor

Please explain your reason for requesting a fair hearing:

By signing this document and returning it, I am requesting a fair hearing.

Signature

Date

Phone Number

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