

Louisiana Department of Children and Family Services

ADVANCE NOTICE OF DECISION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_, Louisiana  
CID: \_\_\_\_\_  
Mailing Date: \_\_\_\_\_  
Last 4 digits of SSN: \_\_\_\_\_  
Caseload No.: \_\_\_\_\_

Dear \_\_\_\_\_ :

The change(s) shown below will be delayed until \_\_\_\_\_ .

**SECTION I: CASH ASSISTANCE**

After a careful review of your present circumstances, this office has determined that your \_\_\_\_\_ benefits will be:

- Ended effective \_\_\_\_\_ .
- Reduced to \$ \_\_\_\_\_ per month effective \_\_\_\_\_ .

This change is being made because:

\_\_\_\_\_  
Applicable Policy

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**SECTION II: SNAP BENEFITS**

Your household no longer qualifies for the SNAP benefits you have been receiving. Your benefits will be:

- Ended effective \_\_\_\_\_ .
- Reduced to \$ \_\_\_\_\_ per month effective \_\_\_\_\_ .

This change is being made because:

Sincerely,

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Phone Number

**FAIR HEARING EXPLANATION**

If you think the change is unfair, you or a person you want to represent you may discuss it with a supervisor in this office and/or request a fair hearing. If you have not requested a fair hearing by 4:30 p.m. on \_\_\_\_\_ the change will be made.

If you do not understand this decision, contact the local DCFS office. If you want to request a fair hearing on a money payment or SNAP change, complete Section III below, sign it, and mail it to or contact the local DCFS office. You can request a fair hearing on a money payment change within 30 days of the date of this notice. You can request a fair hearing on a SNAP change within 90 days of the date of this notice. The form will be returned to you.

If you request a fair hearing by the above date, you will continue to receive benefits at the current level unless you indicate you do not want to do so by checking 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 Administrative Law Judge will establish the principal issue. If the sole issue involves only disagreement with State or Federal laws or the agency's policy, the proposed action will be taken immediately. A final decision will be rendered later after a careful study is made of the evidence presented. If the final decision is in your favor, retroactive payments will be made, if appropriate.

**SECTION III: 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.

Check the box if you request a hearing within 13 days and want your benefits continued at the present level. **If the decision of the local office is upheld, all ineligible assistance will be subject to repayment.**

- Money Payment                       SNAP Benefits

Check the box if you request a hearing within 13 days but do not want your benefits continued at the present level.

- Money Payment                       SNAP Benefits

Use this space to tell us why you want a fair hearing. The reason:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Parish