

Louisiana Department of Health
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 an LDH 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 CAFÉ at www.dcfsl.a.gov/CAFE.
2. If you already have an account (with LA CAFÉ or Medicaid), 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. After you validate your email, return to CAFE and login.
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:

LDH Economic Independence
P. O. Box 260031
Baton Rouge, LA 70826-0031

2. Fax To:

1-225-663-3164

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 LDH at 1-888-LAHELPU (1-888-524-3578) for information on all programs and how to apply.

Non-Discrimination Statement

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) Mail: USDA Food and Nutrition Service, 1320 Braddock Place, Room 334 Alexandria, VA 22314; or (2) Email: FNCSIVILRIGHTSCOMPLAINTS@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

You may file a civil rights complaint with the Louisiana Department of Health (LDH) by completing the Civil Rights Complaint Form. Turn the form in to a local office; mail it to LDH Bureau of Legal Services, P.O. Box 3836, Baton Rouge, LA 70821-3836; email LDH.CivilRightsComplaints@la.gov; or call 1-888-524-3578. You may file a civil rights complaint with LDH and USDA or only LDH. Additionally, a program complaint may be filed with the LDH/Economic Stability Section, by mailing to P.O. Box 260031, Baton Rouge, Louisiana, 70826, by emailing LAHelpU@La.gov, or by calling 1-888-524-3578.