

Louisiana Department of Health

**DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM  
NOTICE OF DECISION**

Date: \_\_\_\_\_  
Head of Household: \_\_\_\_\_  
Head of Household CID: \_\_\_\_\_

Action on your Disaster Supplemental Nutrition Assistance Program (DSNAP) case is checked below.

1. Your application for DSNAP benefits has been approved. You are certified for the amount below:

<b>Household Size</b>	<b>Maximum Allotment</b>
<input type="checkbox"/> 1	\$298
<input type="checkbox"/> 2	\$546
<input type="checkbox"/> 3	\$785
<input type="checkbox"/> 4	\$994
<input type="checkbox"/> 5	\$1,183
<input type="checkbox"/> 6	\$1,421
<input type="checkbox"/> 7	\$1,571
<input type="checkbox"/> 8	\$1,789
<input type="checkbox"/> Other _____	\$ _____

2. Your application for DSNAP benefits has been denied because:

- The combination of your household's net income and accessible liquid resources exceeds the Disaster Supplemental Nutrition Assistance Program's gross income limits.
- You are already receiving regular Supplemental Nutrition Assistance Program benefits.
- You were not residing in an eligible disaster parish at the time of the disaster.
- You are no longer living in Louisiana.
- Other: \_\_\_\_\_

For more information about programs and services or for specific information about your case, call 1-888-LAHELPU (1-888-524-3578).

You may apply for regular Supplemental Nutrition Assistance Program (SNAP) benefits online at [www.dcf.la.gov/CAFE](http://www.dcf.la.gov/CAFE).

If you disagree with the decision made about your DSNAP application, you may request a review of your case by a supervisor.

## Fair Hearing Information

If you think the action is unfair or you do not understand this decision, you or your authorized representative may discuss it with a supervisor.

If you want to request a fair hearing on Disaster SNAP, complete the section below, sign and mail it to the address below or call 1-888-LAHELPU (1-888-524-3578) to speak to someone at LDH. You can request a fair hearing on Disaster SNAP within 90 days of the date of this notice.

You can represent yourself at the hearing or authorize someone else, such as legal counsel, relative, friend or other spokesman to represent you.

Free legal aid is available for low income residents in Louisiana. At the hearing, the Hearing Officer will establish the principal issue. A final decision will be rendered after a careful study is made of the evidence presented.

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### 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. Use the space below to tell why you want a hearing.

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If the final decision is in your favor, retroactive benefits will be issued, if appropriate.

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Signature

Date

Phone Number

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