



Systems, Research and Analysis
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John Bel Edwards, Governor
Marketa Garner Walters, Secretary

EBT 5AN
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Supplemental Nutrition Assistance Program (SNAP) BENEFIT ADJUSTMENT NOTIFICATION

Name: _____ **Wednesday, July 01, 2020**
Address: _____ **ID #:** _____
City, State, Zip _____

RE: EBT SNAP Adjustment

Your SNAP (formerly Food Stamp) account will be reduced by \$ \$Amount for your purchase at Retailer name located at address and date of transaction.
Due to an error in processing the transaction, the amount of your purchase was not deducted from your account.

Your SNAP account will be adjusted at the earliest opportunity. If there are not enough benefits in your account to pay this amount at the time the adjustment is made, the deduction will be made from your next month's benefits. No further collection efforts will be taken beyond that time period.

If you do not agree with this adjustment action, you have 90 calendar days from the date of this notice to request a fair hearing. This can be done by either calling the number listed below, or by completing the bottom of this form and mailing it to the above address. If your request for a fair hearing is received within 15 calendar days of this notice, you may delay this action until a decision is rendered on your fair hearing request.

EBT Section

Agency Representative

Phone No.

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

(over)



This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
2. Fax: (202) 690-7442; or
3. Email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

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

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.



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 in this office. You may also request a fair hearing. If you have not requested a fair hearing by 4:30 p.m. on the expiration date shown above, the change will be made.

If you want to request a fair hearing on a SNAP or money change, complete the section below, sign and mail it or contact me at the local office. You can request a fair hearing on a SNAP change within 90 days of the date of this notice. You can request a fair hearing on a money change within 30 days of the date of this notice.

If you are currently receiving benefits and you request a fair hearing by the expiration date, you will continue to receive benefits at the current level until the end of your current certification period or until the resolution of the appeal, whichever is earlier, unless you indicate you do not want to do so by checking one of 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 Hearing Officer will establish the principal issue. If the sole issue involves disagreement with State or Federal laws or the Agency's policy, the proposed action will be taken immediately. A final decision will be rendered after a careful study is made of the evidence presented.

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.

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

Agency Representative

Date

Phone No.

Return to:

