

Notice of Decision

CID #: _____
Date: _____

Dear _____ :

After careful consideration of your situation, the following decision has been made regarding your FITAP case.

- SECTION I** Your application/reapplication has been approved effective _____ through _____.
 Your benefits are being prorated from the date of your application. Therefore, you will receive \$ _____ for the first month and \$ _____ each month thereafter, based on present circumstances.
 You will receive \$ _____ per month based on present circumstances.
 You are not eligible to receive a cash payment due to the \$10 minimum payment.
- SECTION II** Your application/reapplication has not been approved for the reason given below. Department policy reference for this decision is: _____.
 Your application/reapplication was denied because you failed to provide the verification listed below.
 If you provide all required verification by _____, and you are determined eligible, we will reopen your application using the original application date.
 If you provide the listed verification after _____, but by _____, and you are determined eligible, we will reopen your application/reapplication to the date you provide the verification. Your case will be processed within 30 days of the date you provide the verification. You may be required to provide additional verification of current circumstances. You will have to reapply if you do not provide this verification by _____.
- SECTION III** It has been 30 days since you applied. A decision has not been reached regarding your FITAP eligibility for the reason(s) listed below.
 If you are certified, you will receive benefits from the date of application.
 If you provide all required verification by _____, and your case is certified, benefits will be prorated from the date you provide the verification.
- SECTION IV** Your monthly payment will be \$ _____ beginning _____ for the reason given below. Department policy reference for this decision is: _____.
- SECTION V** Your grant has been closed effective _____. Department policy reference for this decision is _____.
- SECTION VI** Your case has been reopened effective _____ through _____ because we received your complete Simplified Report form and you continue to be eligible for benefits.
 You will receive \$ _____ for the month of _____ and \$ _____ each month thereafter. Your benefits for the month of _____ may differ because benefits are being prorated from the date your complete Simplified Report form and verification were received.
 You are not eligible to receive a cash payment due to the \$10 minimum payment.

Reason/Comments

Sincerely,

Agency Representative

1-888-524-3578
Telephone Number

If You Receive Assistance:

Applicants who are included in a SNAP Simplified Reporting household, who have changes that occur after their application interview and before the date of this notice, must report these changes within 10 days of the date of this notice. FITAP recipients included in Simplified Reporting who have changes that occur after certification must report these changes on their Simplified Report form or application for redetermination, whichever occurs first. You must also report if there is a change in your household's gross monthly income which results in the household's income exceeding the SNAP gross income limit for the household size. If you complete a Family Success Agreement, you must follow the reporting requirements explained in the agreement and report these changes within 10 days of your knowledge of the change. You must also report within 10 days if the only child in the home moves out. **You have the responsibility to notify LDH** promptly if your address changes.

FITAP/KCSP recipients who are included in a SNAP Simplified Reporting household, who have changes that occur after their application interview and before the date of this notice, must report these changes within 10 days of the date of this notice. Recipients included in Simplified Reporting who have changes that occur after certification must report these changes on their Simplified Report form or Application for Continued Assistance (Redetermination Application), whichever occurs first. You must also report if there is a change in your household's gross monthly income which results in the household's income exceeding the SNAP gross income limit for the household size. If you complete a Family Success Agreement, you must follow the reporting requirements explained in the agreement and report these changes within 10 days of your knowledge of the change. You must also report within 10 days if the only child in the home moves out.

If you are receiving Post-FITAP benefits, you must also report within 10 days if you stop working, if the only child in the home moves out of the home, and if you move out of state.

If your household is **not** included in Simplified Reporting, you must notify LDH of changes in your situation within 10 days of the date you learned about the change. If you do not report all changes, you might receive benefits you are not eligible to receive. You will be expected to repay the agency for all such benefits. You may report changes by mail, phone, online, or in person. Changes you must report include:

- Changes in source of income (i.e. new employer, start receiving child support, SSI, or Foster Care payments, etc.)
- Changes in unearned income of more than \$100 per month
- Changes in earned income of more than \$100 per month
- If someone moves into or out of your home (including births and deaths)
- If you move to a new home
- If someone age 18 stops attending school
- If someone gets married or divorced

General Information

If approved, monthly benefit payments are issued on the Louisiana Purchase Card through Electronic Benefit Transfer (EBT). This card will be mailed to you within 5 days unless you already have a card. Your FITAP benefits will be available on the ____ day of the month. The members of your household who are eligible for FITAP are being referred to the Louisiana Department of Health for services through the Medicaid program, even if you are not eligible for a cash payment. Non-emergency medical transportation is available to and from medical appointments. Please contact your Medicaid provider to schedule a ride. For information about the Medicaid program, please call 1-888-342-6207. The names of FITAP recipients and the amounts paid will be available for public inspection.

A child who is a member of a household may be eligible for free meal benefits at school. You should contact your local school for information on free meal benefits for school meals.

If you have not reported your current mailing address, please note that mail from the Louisiana Department of Health will not be forwarded by the US Postal Service.

Women, Infants, and Children (WIC) is a special supplemental nutrition program for pregnant, breast feeding, and post-partum women, infants and children up to five years of age. You may apply for WIC benefits at the WIC clinic of your choice.

For more information about programs and services or for specific information about your case, call 1-888-LA-HELP-U.

If you received an EBT card and your application is denied, you may keep it in the event you are determined eligible for benefits in the future.

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, audiotope, 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: [FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto: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.

Your Right to a Fair Hearing

What is a fair hearing?

Any time you disagree with a decision taken on your FITAP 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 FITAP 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-LA-HELP-U and request a fair hearing, or
- Complete and sign the section below and mail it to: DPC, P.O. Box 260031, Baton Rouge, LA 70826, or
- Visit a local LDH office and speak to a supervisor.

What happens to your benefits while you wait for your fair hearing?

If you request a fair hearing within 13 days then you can continue to receive benefits unless you tell us you do not want them. However, it is important to know that:

- If the case is not decided in your favor, any benefits that you received during this time that you were not entitled to must be paid back.
- If the case is decided in your favor, your benefits will be reinstated. If you did not continue to receive benefits, you will receive a retroactive payment.

I am requesting a fair hearing and I do not want to continue receiving the amount of **FITAP** benefits I now receive until the fair hearing.

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

Signature

Date

Phone Number

Return to: DPC, P.O. Box 260031, Baton Rouge, LA 70826-9918

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