

Louisiana Department of Children and Family Services

Simplified Reporting Termination Notice

ID No: _____

Date: _____

Caseload No: _____

Notice Expiration Date: _____

Dear _____ :

Your Simplified Report form has not been received. You must provide the completed and signed form and all required verification to the DCFS parish office by _____.

Failure to provide a complete report form and all the required verification by the Notice Expiration Date listed above will result in the closure of your Supplemental Nutrition Assistance Program (SNAP) case and your FITAP and KCSP cases effective _____.

If you provide a complete Simplified Report form and all required verification after the Notice Expiration Date listed above but by _____ and you are determined eligible, we will reopen SNAP case and your associated FITAP and/or KCSP cases that were closed for failure to submit a complete Simplified Report form. Benefits will be prorated back to the date the complete Simplified Report form and all required verification were received. Your case will be processed within 30 days of the date the complete Form and verification were received.

You will have to reapply if you do not provide the completed form and all required verification by _____.

If you have any questions about how to complete the report form or the verification that you must provide, call your worker in the parish office.

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

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.

- ☐ I am requesting a fair hearing for the benefit checked below within 13 days of the mailing date of this notice and want to continue receiving the amount of benefits I now receive until the fair hearing.

INELIGIBLE ASSISTANCE WILL BE SUBJECT TO REPAYMENT.

☐ Money Payment ☐ SNAP benefits

- ☐ I am requesting a fair hearing for the benefit checked below within 13 days of the mailing date of this notice and do not want to continue receiving the amount of benefits I now receive until the fair hearing.

☐ Money Payment ☐ SNAP benefits

- ☐ I am requesting a fair hearing for the benefit checked below. Since it is not within 13 days of the mailing date of this notice, I cannot continue receiving the amount of benefits I now receive until the fair hearing.

☐ Money Payment ☐ SNAP benefits

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

Signature

Date

Phone Number

Return to:

Parish DCFS

