

Louisiana Department of Social Services
Office of Family Support

Notice of Missed Interview

Date _____
Case ID No. _____
Caseload No. _____
Notice Expiration Date: _____

Dear _____ :

You missed your SNAP application/redetermination interview appointment. You must contact the Agency to schedule another interview appointment. You may contact your worker at the telephone number below. A telephone interview may be completed if you are unable to come to the office for a face-to-face interview due to a household hardship. If you do not contact the Agency and complete an interview, your application will be denied or your case will be closed.

If you do not contact the Agency and complete an interview by the Notice Expiration Date listed above, your application will be denied or your case will be closed on this date.

Sincerely,

Agency Representative

Telephone Number

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 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.

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.

(over)

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 within 13 days of the mailing date of this notice and want to continue receiving the amount of SNAP benefits I now receive until the fair hearing. **INELIGIBLE ASSISTANCE WILL BE SUBJECT TO REPAYMENT.**
- I am requesting a fair hearing within 13 days of the mailing date of this notice and do not want to continue receiving the amount of SNAP benefits I now receive until the fair hearing.
- I am requesting a fair hearing. Since it is not within 13 days of the mailing date of this notice, I cannot continue receiving the amount of SNAP benefits I now receive until the fair hearing.

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

Signature

Date

Phone Number

Return to:

_____ Parish OFS
