



State Department of Human Services
123 Main Street
Hometown, ST 12345-6789

Case ID Number: 12345A
Notice Date: October 17, 2020
Program: Supplemental Nutrition Assistance Program (SNAP)

Commented [IPR2]: Consideration for this Notice
This model notice is intended to be customized by each State agency, adding the appropriate State agency's logo, address, contact information, and website address throughout. Client information, case ID number, and program name should also be edited accordingly to reflect the State's SNAP program conventions.

Notice of Denial

You Are Not Eligible for Benefits

Dear [Name],

You applied for Supplemental Nutrition Assistance Program (SNAP) benefits on September 17, 2020. This letter is to let you know that we made a decision regarding your application.

What is our decision?

We have **denied** your request for SNAP benefits because **you did not provide the information we need to process your application**. We call this information *proof*. It proves that what you stated in your application is correct. We need this proof to help us decide if you can get SNAP benefits.

What can you do?

Act now. Please provide the information listed below by **November 16, 2020**. If you do, we can use the application you already submitted. If you do not, you will have to submit a new application.

We need only **one** document for each type of information, even if the information is needed for more than one program. **Here is what we need:**

Commented [IPR3]: Communication Best Practice
• Simple design with use of whitespace and attention to how information is presented on the page
• See NRT, comprehension and readability tab

Commented [IPR4]: Consideration for this Notice
State agencies are advised to consult their FNS Regional Offices for help determining the implications of Federal requirements, policy and administrative options, and waivers on the content of their notices. For example, for denial notices due to failure to provide verifications, States with "Early Denial Waivers" should refer to FNS' March 31, 2014 Policy Memorandum regarding Early Denial Waivers: <https://fns-prod.azureedge.net/sites/default/files/Memo%20Early%20Denial%20Waivers%20%283%29.pdf>

Commented [IPR5]: Policy Requirement
• Explanation of basis for denial
• See 7 CFR 273.10(g)(1)(ii)
• See also NRT, policy requirements tab

Commented [IPR6]: Policy Requirement
• If State agency has chosen to use a notice of denial when household fails to take action to complete application process, the notice shall advise household of action it must take to reopen its application; that the case will be reopened without a new application if action is taken within 60 days of the date of the application date; and that failure to do so means household must file a new application to participate
• See 7 CFR 273.10(g)(1)(ii)
• See also NRT, policy requirements tab

Commented [IPR7]: Communication Best Practice
• Use of clear writing with simple sentences written in active voice, following the principles of plain language
• See NRT, comprehension and readability tab

Program: SNAP		
We need proof of	For whom	Details and examples of proof accepted
What you earn (earned income or pay)	[Name]	<ul style="list-style-type: none">• Proof of pay for [time period A] for Acme Company• Proof of pay for [time period B] for Second Company <p>Examples: pay stubs, wage printout, employer statement or form, employer bookkeeping records</p>
What you spend on rent or mortgage	[Name]	<ul style="list-style-type: none">• Proof of payment for rent or mortgage <p>Examples: rent receipt or mortgage statement</p>

How can you give us the proof we need?

Choose the option that is easiest for you.

- **Online:** You may upload your documents at www.dhs.st.gov/mycase.
- **By mail:** You may mail copies of the documents to:
Department of Human Services
Document Imaging Center
PO Box 1234
Hometown, ST 12345-6789
- **By fax:** You may fax them to 1-800-123-4567.
- **In person:** You may drop off copies of the documents at your local office, either at the front desk or using the drop box near the entrance. The DHS local office is located at:
Local DHS Office
Street Name # 12
Hometown, ST 12345-6789

Please send only **copies** of your documents because **we cannot return any original documents to you.**

What else do you need to know?

- Please tell us if you are approved to receive Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), or [State] General Assistance Program. If you are approved for one of these programs, you may be able to get SNAP.
- You may request a fair hearing. If you disagree with this decision, you have the right to ask us to do a more formal review of this decision. We call this a fair hearing. Read the section on “Your Right to a Fair Hearing” below.
- You may qualify for free legal help. Call [State Legal Aid Name] at 555-555-5555 for more information.

What to do if you need help?

If you have trouble getting the information we asked for or you have questions, please call us at 1-800-123-4567, Monday through Friday, 7:30 a.m.–7:30 p.m. We may be able to suggest other ways to verify this information. You may also visit our website (www.dhs.st.gov) for general information.

Sincerely,

State Department of Human Services
1-800-123-4567
www.dhs.st.gov

Please read on to find out more about your rights and responsibilities.

Commented [IPR8]: Communication Best Practice

- States are encouraged to use a term for verifications that will be easy to understand and familiar and to their clients
- See NRT, comprehension and readability tab

Commented [IPR9]: Communication Best Practice

- Use of subheadings, bullets, and bold technique strategically across the notice to help support navigation and understanding of the notice
- See NRT, comprehension and readability tab

Commented [IPR10]: Policy Requirement

- For households potentially categorically eligible, request the household notify the SNAP office if it is approved for public assistance or SSI benefits
- See 7 CFR 273.10(g)(1)(ii)
- See also NRT, policy requirements tab

Commented [IPR11]: Policy Requirement

- Right to request a fair hearing
- See 7 CFR 273.10(g)(1)(ii)
- See also NRT, policy requirements tab

Commented [IPR12]: Policy Requirement

- Name and contact information for organization that provides free legal services if available
- See 7 CFR 273.10(g)(1)(ii)
- See also NRT, policy requirements tab

Commented [IPR13]: Consideration for this Notice

Signature contact information, including website in footer of the notice, should be customized with appropriate State agency information.

Commented [IPR14]: Additional Policy Consideration

Additional rights and responsibilities may apply. This includes relevant Federal, State, and local requirements regarding civil rights protections, program integrity, or other client rights and responsibilities.

For notices in large print or another format, please call our helpline at 1-800-123-4567 TDD (telecommunication device for the deaf).

Si lo solicita, podemos traducir esta información para usted. Por favor, llame al 1-800-123-4567.

Your Right to a Fair Hearing

Commented [IPR15]: Consideration for this Notice
State agencies should customize the information provided in this section with their own fair hearing procedures.

What is a fair hearing?

If you disagree with a decision made on your SNAP application or case, you have the right to request a fair hearing. A fair hearing means that an official will review the facts of your case in a fair and objective manner as required by law.

In what situations can you ask for a fair hearing?

You may ask for a fair hearing if any of the following apply to you:

- You applied for SNAP benefits and were denied.
- You disagree with a decision on your case.
- You believe your SNAP benefits were not calculated correctly.

When is the deadline to request a fair hearing?

- If you want a fair hearing because we closed your SNAP case or denied your request for SNAP benefits, you must request it by **[enter date 90 days from decision date]**.
- If you want a fair hearing about your current SNAP benefits, you may request a fair hearing any time before [enter certification period end date].
- If you request a hearing because we closed your case or decreased your SNAP benefits, you may choose to keep getting your benefits until a hearing decision is made. You may choose to continue receiving SNAP benefits only if your certification period has not ended. If you choose to do this, you may have to pay those SNAP benefits back if you lose the fair hearing. To continue your SNAP benefits, you must request a fair hearing by [enter date upon which action becomes effective].

How do you ask for a fair hearing?

To request a fair hearing:

1. [State can fill in specific procedures for requesting a fair hearing in-person, in writing, and over the phone in a numbered list]
- 2.

Can you get free legal help?

Commented [IPR16]: Consideration for this Notice
State agencies should customize the contact information for this section.

You may be able to get free legal help from [State Legal Aid Name] by calling 555-555-5555 or visiting www.statelegalaid.org for more information.

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating 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

This institution is an equal opportunity provider.