



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

**Case ID Number:** 12345A  
**Notice Date:** January 29, 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 Eligibility

### You Are Eligible for SNAP Benefits

Dear [Name],

You applied for Supplemental Nutrition Assistance Program (SNAP) benefits on January 12, 2020. This letter is to let you know that we made a decision regarding your application.

#### What is our decision?

We have **approved** your request for SNAP benefits for the months of January 2020 through June 2020. This means that you will get monthly SNAP benefits during this period unless your situation changes. At the end of this period, we will contact you to reapply if you wish to continue to receive SNAP benefits.

**Commented [IPR3]: Policy Requirement**  
• Includes beginning and end dates of the certification period  
• See 7 C.F.R. 273.10(g)(1)(i)(A)  
• See also NRT, policy requirements tab

#### How much will your benefits be?

Your SNAP benefits will be as follows:

- For the month of January, your household will receive **\$212**.
- For the months of February through June, your household will receive **\$353** each month.

**Commented [IPR4]: Additional Policy Consideration**  
• May include a reminder of the household's obligation to report changes in circumstance and of the need to reapply for continued participation at the end of the certification period  
• See 7 C.F.R. 273.10(g)(1)(i)(A)  
• See also NRT, policy requirements tab

Please note that if you applied after the first day of the month, your first month of benefits is a partial benefit.

**Commented [IPR5]: Additional Policy Consideration**  
If this notice is sent to a household whose benefit amount will change, possible reasons could be the annual cost of living adjustment or a State-caused processing delay.

#### When will you get your benefits?

If you do not already have one, you will get an electronic benefit transfer (EBT) card in the mail in the next few days. EBT cards look like a debit or credit card. You use it to pay for groceries. Your EBT card will come with instructions about how to use it, how to set a personal identification number (PIN), and how to check the balance.

**Commented [IPR6]: Policy Requirement**  
• If the initial allotment contains benefits for both the month of application and the current month's benefits, explains the initial allotment includes more than 1 month's benefits, and indicates the monthly allotment amount for the remainder of the certification period  
• See 7 C.F.R. 273.10(g)(1)(i)(A)  
• See also NRT, policy requirements tab

If you already have an EBT card, you can continue to use that card and PIN. If you have an EBT card and cannot find it, call EBT Customer Service at 1-800-555-5555 to request a replacement.

**Commented [IPR7]: Policy Requirement**  
• Includes the amount of the allotment  
• See 7 C.F.R. 273.10(g)(1)(i)(A)  
• See also NRT, policy requirements tab

Your first month's SNAP benefits will be available immediately. We will put new SNAP benefits on your card on the **7th day of each month**.

**Commented [IPR8]: Additional Policy Consideration**  
• May include other information that would be useful to the household  
• See 7 C.F.R. 273.10(g)(1)(i)(A)  
• See also NRT, policy requirements tab

## What else do you need to know?

- If the amount of money that comes into your household goes above \$1,832 in a month, you must contact us within 10 days.
- If someone in your household is required by SNAP to work at least half time (20 hours/week) and works less than 80 hours in a month, you must contact us within 10 days of the end of that month.
- If someone in your household wins \$3,500 or more from the lottery or gambling, contact us within 10 days.
- If you do not tell us about a change you are required to report, and you get SNAP benefits you should not have received, you will have to pay those benefits back.
- You may also contact us about any other changes that might impact your eligibility or benefits.
- You have the right to ask us to do a formal review of our decision. We call this a *fair hearing*. Read the section on “Your Right to a Fair Hearing” that follows.

## What if you need more help?

If you have questions or need more information, please call us at 1-800-123-4567, Monday through Friday, 7:30 a.m.–7:30 p.m. You may also visit our website ([www.dhs.st.gov](http://www.dhs.st.gov)) for more information.

Sincerely,

State Department of Human Services  
1-800-123-4567  
[www.dhs.st.gov](http://www.dhs.st.gov)

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

For notices in large print or another format, please call our helpline at 1-800-123-4567 or TDD 1-800-456-7890.

### Commented [IPR9]: Additional Policy Consideration

- May include a reminder of the household's obligation to report changes in circumstance and of the need to reapply for continued participation at the end of the certification period
- See 7 C.F.R. 273.10(g)(1)(i)(A)
- See also NRT, policy requirements tab

### Commented [IPR10]: 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

### Commented [IPR11]: Policy Requirement

- Includes the telephone number of the SNAP office (this number may be for a call center, but must be a toll-free number or a number that will accept collect calls for households outside the local calling area)
- See 7 C.F.R. 273.10(g)(1)(i)(A)
- See also NRT, policy requirements tab

### Commented [IPR12]: Consideration for this Notice

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

## Your Right to a Fair Hearing

### 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?

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

#### Commented [IPR13]: Policy Requirement

- Explains the right to a fair hearing (State agencies should customize the information provided in this section with their own fair hearing procedures.)
- See 7 C.F.R. 273.10(g)(1)(i)(A)
- See also NRT, policy requirements tab

#### Commented [IPR14]: Communication Best Practice

- Simple design with use of white space and attention to how information is presented on the page
- See NRT, comprehension and readability tab

#### Commented [IPR15]: Policy Requirement

- Advises the household of the availability of free legal services if an individual or organization is available to provide free legal representation (State agencies should customize the contact information for this section.)
- See 7 C.F.R. 273.10(g)(1)(i)(A)
- See also NRT, policy requirements tab

### 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](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](mailto:program.intake@usda.gov)

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