



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

**Case ID Number:** 12345A  
**Notice Date:** July 15, 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.

## Benefits Ending

### Your Household Is No Longer Eligible for Benefits

Dear [Name],

We have made a decision about your benefits based on a change in your household's circumstances. This letter is to tell you our decision.

#### What is our decision?

Here is what we have decided:

Which benefit?	What is our decision?	Why did we make this decision?
SNAP	We are ending your SNAP benefits as of August 1, 2020.	Your household countable income changed from \$0 to \$2,500/month. This is above the income limit for this program.

**Commented [IPR3]: 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

#### What can you do?

- You may call us at 1-800-123-4567 if you have any questions about this decision. Have this letter and your Case ID Number ready when you call. Your Case ID Number is 12345A.
- You may reapply at any time.

**Commented [IPR4]: Policy Requirement**

- Provides clear statement of the proposed action and the reason for the proposed action (e.g., the reduction in benefits and the change in household situation, the particular act of noncompliance committed and the proposed period of disqualification, etc.)
- See 7 C.F.R. 273.13(a)(2); 273.7(f)(1)(ii)
- See also NRT, policy requirements tab

#### What else do you need to know?

- You can continue to use your EBT card until the SNAP benefits in your account are gone. After a year, you will no longer have access to any remaining SNAP benefits in your account.
- 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" that follows.
- You may qualify for free legal help. Call [State Legal Aid Name] at 555-555-5555 for more information.

**Commented [IPR5]: Policy Requirement**

- Explains the eligibility and benefit level of the remaining members
- See 7 C.F.R. 273.11(c)(4)(ii)
- See also NRT, policy requirements tab

**Commented [IPR6]: Consideration for this Notice**  
State agencies that are unable to use dynamic text to show the case number in the body of the notice can refer clients to the text box at the top of the page, or elsewhere on the notice where the case number is listed.

**Commented [IPR7]: Policy Requirement**

- For terminations, explains how the adverse action may be avoided, ineligibility may be ended, or benefits may be reinstated after a disqualification period is over, if this option is available
- See 7 C.F.R. 273.13(a)(2); 273.7(b)(2)(i); 273.11(c)(4)(ii); 273.7(f)(1)(ii)
- See also NRT, policy requirements tab

**Commented [IPR8]: Consideration for this Notice**  
State agencies using this model for a multiprogram notice should remove references to SNAP outside of the table showing the State agencies' decision.

## 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]: 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); includes name of a person to contact for additional information, if available
- See 7 C.F.R. 273.13(a)(2)
- See also NRT, policy requirements tab

### Commented [IPR10]: 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.

### Commented [IPR11]: Additional Policy Consideration

- A notice of adverse action that combines the request for verification of information received through an Income Eligibility Verification System computer match or a Systematic Alien Verification for Entitlements computer match must meet the requirements in §273.2(f)(9) and §273.2(f)(10) respectively
- See 7 C.F.R. 273.13(a)(2); 273.2(f)(9); 273.2(f)(10)
- See also NRT, policy requirements tab

### Commented [IPR12]: 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.

## 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 household's right to request a fair hearing and the fair hearing process
- See 7 C.F.R. 273.13(a)(2)
- See also NRT, policy requirements tab

#### Commented [IPR14]: 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 [IPR15]: 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 [IPR16]: Policy Requirement

- Explains the availability of continued benefits during the fair hearing process
- See 7 C.F.R. 273.13(a)(2)
- See also NRT, policy requirements tab

#### Commented [IPR17]: Policy Requirement

- Explains the liability of the household for any overissuances received while awaiting a fair hearing if the hearing official's decision is adverse to the household
- See 7 C.F.R. 273.13(a)(2)
- See also NRT, policy requirements tab

#### Commented [IPR18]: 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 [IPR19]: 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. 273.13(a)(2)
- 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)

This institution is an equal opportunity provider.