



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

**Case ID Number:** 12345A  
**Notice Date:** September 10, 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.

## Your Benefits Are Ending Soon

### You Need to Act Now to Keep Receiving SNAP Benefits

Dear [Name],

This letter is to tell you that your Supplemental Nutrition Assistance Program (SNAP) benefits **will stop on October 31, 2018**. You must **reapply** before this date if you want your SNAP benefits to continue.

#### What do you need to do to keep your SNAP benefits?

**Act now.** To reapply, you will need to fill out and submit a renewal form and complete an interview. Your benefits may be late if you don't submit the renewal form and have an interview before **October 15, 2018**. Please do not wait to reapply.

#### How do you reapply?

You need to follow these steps to reapply:

##### Step 1. Fill out and submit the renewal form.

You may complete and return a renewal form in any of the following ways:

- **Use the online website.** Go to [www.dhs.st.gov/mycase](http://www.dhs.st.gov/mycase). Fill out and submit the renewal form online. You will need to create a login and password the first time you use the online site.
- **Use the paper form enclosed.** Answer the questions on the renewal form. Then, you must sign and date it. You may return it to us:

**By mail:** Mail your form to:

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

**In person:** Drop off your form at your local office, either at the front desk or using the drop box near the entrance. The DHS local office is located at:

123 Main Street  
Hometown, ST 12345-6789

**By email:** Submit your form via email to the email address: [email@dhs.st.gov](mailto:email@dhs.st.gov)

**By fax:** Fax your form to 1-800-123-4567

**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]: Policy Requirement**  
• Date certification periods ends  
• See 7 CFR 273.14(b)(1)(ii)(A)  
• See also NRT, policy requirements tab

**Commented [IPR5]: 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 [IPR6]: Policy Requirement**  
• Date by which household must submit an application for recertification to receive uninterrupted benefits  
• See 7 CFR 273.14(b)(1)(ii)(B)  
• 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

**Commented [IPR8]: Policy Requirement**  
• Address of office where application can be filed and information about alternative submission methods (online web address, fax, or telephonic application, if applicable), including ability for SSI-only households to apply at an SSA office  
• See 7 CFR 273.14(b)(1)(ii)(E) and (F)  
• See also NRT, policy requirements tab

**Step 2. Complete an interview.** To do an interview, we will call you on **October 4, 2018, at 9:00 a.m.**

- We will call you at 555-555-5555.
- If the telephone number has changed or the date and time will not work, call us at 1-800-123-4567 as soon as possible. You may also call us if you prefer an interview in person.
- You must schedule another interview if you miss this one.
- We may delay or deny your SNAP benefits if you do not complete your interview before **October 15, 2018.**

**Step 3. Provide any additional information we need.**

We may need you to provide more information. We call this information *proof*. It proves that what you stated in your renewal form is correct.

- You are responsible for giving us the proof we need to process your case. Please see the enclosed list to find out what, if anything, you need to give us.
- For faster service, please give us the proof we need with your renewal form. Please send only copies of your documents because we cannot return any original documents to you.
- We may reduce, delay, or deny your SNAP benefits if you do not give us the proof we need by **October 15, 2018.**

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

- You may reapply for SNAP benefits at a Social Security Administration office if everyone in your household has applied for or is receiving Supplemental Security Income (SSI). Your household is anyone who lives with you, and who buys and prepares food with you.
- You always have the right to receive an application form upon request and submit it to us with name, address, and signature only. Because you are already receiving SNAP benefits, we strongly recommend you use the renewal form, and answer as many questions on it as you can. This can help you get benefits faster.
- 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” at the end of this notice.

**What to do if you need help?**

You may call us at 1-800-123-4567 if you need help reapplying or you have questions. You may also call us to get information about how to use an authorized representative if you need one. An authorized representative is a person you select who can talk to us about your case.

Sincerely,

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

**Commented [IPR9]: 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, States with waivers to provide “unscheduled” or “on-demand” interviews will modify this language to reflect their procedures under the waiver.

**Commented [IPR10]: Policy Requirement**

- Notice of household’s responsibility to reschedule a missed interview and that failure to attend an interview may result in delay or denial of benefits
- See 7 CFR 273.14(b)(1)(ii)(I) and (J)
- See also NRT, policy requirements tab

**Commented [IPR11]: Policy Requirement**

- Address of office where application can be filed and information about alternative submission methods (online web address, fax, or telephonic application, if applicable), including ability for SSI-only households to apply at an SSA office
- See 7 CFR 273.14(b)(1)(ii)(E) and (F)
- See also NRT, policy requirements tab

**Commented [IPR12]: Policy Requirement**

- Notice of right to receive an application form upon request and have it accepted with only name, address, and signature
- See 7 CFR 273.14(b)(1)(ii)(D)
- See also NRT, policy requirements tab

**Commented [IPR13]: Policy Requirement**

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

**Commented [IPR14]: Consideration for this Notice**

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

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 TDD (telecommunication device for the deaf).

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

**Commented [IPR15]: 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

**Commented [IPR16]: 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 [IPR17]: 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](http://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](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.