



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

Case ID Number: 12345A
Notice Date: September 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.

Expedited Approval – More Information Needed

We Need Additional Proof From You

Dear [Name],

You applied for Supplemental Nutrition Assistance Program (SNAP) benefits on September 14, 2020. This letter is to let you know that we approved your application for SNAP benefits. However, **your benefits will stop if you do not provide more information by October 31, 2020**. We call this information **proof**. It proves that what you stated in your application is correct. This letter lists what we need and what steps you should take to get it to us.

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

Why do you need to give us proof now?

Because you needed food assistance right away, we gave you more time to give us proof of your information. Now you must provide it. You will not continue to receive SNAP if you do not give us the information we need.

Commented [IPR4]: 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 [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

How much are my SNAP benefits?

We have approved you to receive **\$103** in SNAP benefits for September. This amount reflects partial benefits for your first month because of when you applied. If you provide the information we need on time, you will receive **\$193** per month in benefits for **October 2020 through February 2021**. **We may reduce or stop these benefits if you do not give us what we need.**

Commented [IPR6]: Policy Requirement

- Explanation of certification periods and consequences of failure to provide verifications
- See 7 CFR 273.10(g)(1)(i)(B)
- See also NRT, policy requirements tab

What do you need to do?

Please provide us the following by **October 31, 2020**. 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 [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: Supplemental Nutrition Assistance Program (SNAP)

We need proof of	For whom	Details and examples of proof accepted
What you earn (earned income or pay)	[Name]	Proof of pay for [time period A] for Acme Company Proof of pay for [time period B] for Second Company Examples: pay stubs, wage printout, employer statement or form, employer bookkeeping records
What you spend on rent or mortgage	[Name]	Proof of payment for rent or mortgage Examples: rent receipt or mortgage statement

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 (DHS)
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 to do if you need help?

If you have trouble getting the information we need or you have questions, please call us at 1-800-123-4567. We may be able to suggest other ways to verify this information.

Sincerely,

State Department of Human Services

1-800-123-4567

www.dhs.st.gov

Commented [IPR8]: Consideration for this Notice

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

Visit www.dhs.st.gov to apply for assistance or view case information.

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

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 [IPR9]: 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 [IPR10]: 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?

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

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