



NOTICE OF ACTION ON SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

State Form 35955 (R14 / 4-14) / FI FS 0041

The records in this series are confidential according to 470 IAC 6-1-1.

<p>Name and Address of Agency</p> <p>Family and Social Services Administration Document Center P.O. Box 1810 Marion, IN 46952</p>	<p>Case number</p> <hr/> <p>Telephone number 1-800-403-0864</p> <p>Date Notice of Action sent (<i>month, day, year</i>)</p>
<p>Case Name and Address</p>	<p><input type="checkbox"/> The increase in benefits you are to receive next month is due to a proposed decrease in your Temporary Assistance for Needy Families (TANF) cash assistance benefits. If you request that your TANF benefits be continued at the previous amount pending a fair hearing, your SNAP benefits will be reduced to the previous monthly amount.</p>
IMPORTANT	
<p>1. See (3) below for action taken on your SNAP application / case.</p> <p>2. For SNAP, the only change required to be reported is when your household's gross monthly income is more than the amount listed below for any calendar month. This change must be reported by the tenth (10th) of the month following the change. Income limit: _____ <i>You must report if your monthly gross income is more than this amount.</i></p>	<p><input type="checkbox"/> You have applied for TANF. Your SNAP benefits may be reduced or cancelled without advance notice if you are approved for TANF.</p> <p><input type="checkbox"/> We expedited your case by allowing you to turn in your verification(s) later. Therefore, your second month's benefits may be reduced or cancelled without advance notice if your verification isn't in by the deadline, or if your information shows it should be.</p>

(3) ACTION TAKEN	ACTION
<input type="checkbox"/>	<p>* Cancelled your benefits starting on the date below:</p> <p>Date (<i>month, day, year</i>) _____ Reason:</p>
<input type="checkbox"/>	<p>* Changed your benefits starting on the date below to the said amount:</p> <p>Date (<i>month, day, year</i>) _____ Amount \$ _____ Reason:</p>
<input type="checkbox"/>	<p>Suspended your benefits. This means that you will not actually be receiving SNAP benefits because while your assistance unit is categorically eligible based on receipt of Temporary Assistance For Needy Families (TANF) and/or SSI, you are over the income limits to receive benefits. This suspension will last until your circumstances change so that you are eligible for benefits.</p>
<input type="checkbox"/>	<p>Certified your household as eligible for the time period below:</p> <p>From: _____ Through: _____</p>
<input type="checkbox"/>	<p>You were not eligible for the month of application because:</p>
<input type="checkbox"/>	<p>Your household is eligible for the amounts indicated below. Future amounts may change as you report changes in your household's circumstances.</p> <p><input type="checkbox"/> Amount for the first month \$ _____</p> <p><input type="checkbox"/> Amount for the second month \$ _____</p> <p><input type="checkbox"/> Amount for each of the rest of the months \$ _____</p>
<input type="checkbox"/>	<p>Denied your household's application because:</p>
<input type="checkbox"/>	<p>Your household's application has been pended as of (<i>month, day, year</i>) _____ because:</p> <p>Your application is still being reviewed and will be processed as soon as possible. If there have been any changes in your household, contact us at the above telephone number right away.</p>

HEARING RIGHTS

IF YOU DISAGREE WITH OUR DECISION

You have the right to appeal. A fair hearing will be scheduled for you if we receive your appeal by a certain date. Please read all of this information carefully as it explains how to appeal and tells you the deadlines you must meet.

You will be notified in writing of the date, time and place for the hearing. An administrative law judge will hear your case and make a decision. You may speak for yourself at the hearing or bring someone else such as an attorney, friend or relative. If you want an attorney to speak for you at the hearing but cannot afford one, Indiana Legal Services may be able to help. Call the office serving your area at 1-800-892-2776. Their web site address is www.indianajustice.org.

YOUR BENEFITS CAN CONTINUE WITHOUT CHANGE

Your benefits can continue without change while your appeal is pending. This applies if you are currently receiving benefits. If you decide to appeal and want your benefits to continue without change, file your appeal right away.

The deadline for SNAP is explained below. If you meet this deadline, your benefits will continue without the change explained in this notice until a decision is made on your appeal. If the hearing decision is not in your favor, you will be required to repay these extra benefits you received. If you do not want your benefits to be continued, tell us that in your appeal request.

Please note that the deadline explained below refers to the close of business, which is 4:30 PM local time where the appeal is received. If a deadline falls on a weekend or a holiday, we must receive your appeal by the next business day. You should expect a short interruption in coverage if we receive your appeal request near the deadline. Please note that if you mail your appeal, we will not look at the postmark to determine whether we can continue your benefits.

Deadline for SNAP

We will continue your benefits without change if we receive your appeal within thirteen (13) days of the date of this notice.

However, SNAP benefits will not continue if your certification period has expired.

TIME LIMIT TO APPEAL

We must receive your appeal by the program deadline(s) explained below. Please note that the deadline explained below refers to the close of business, which is 4:30 PM local time where the appeal is received. If the deadline is on a weekend or holiday, we must receive your appeal by the next business day. Please note that if you mail your appeal, we will not consider the postmark.

Deadline for SNAP Appeals

The appeal request must be received within ninety (90) days from the date of this notice.

HOW TO FILE AN APPEAL

You can mail, fax, or hand deliver your appeal request. The appeal must be in writing. However, if you are appealing SNAP you can do so verbally in person or by telephone. To appeal, please sign and date the appeal form below or send a letter with your signature, along with a copy of this entire notice if possible. Please choose only one method to file your appeal.

1. Mail your appeal to: FSSA Document Center
PO Box 1810
Marion, IN 46952

Or,

2. Fax your appeal to: FSSA Document Center: 1-800-403-0864

Or,

3. Take your written appeal to your local Office of Family Resources during regular business hours.

4. IMPORTANT FOR SNAP: You may also make your request for a hearing by contacting your County Office, Division of Family Resources in person or by telephone.

FOR MORE INFORMATION ABOUT THE FAIR HEARING PROCESS

If you have questions please call us at 1-800-403-0864. You can also read about the fair hearing process on our website at www.in.gov/fssa.

HOOSIER WORKS CARD INFORMATION

You will need a Hoosier Works card to spend your SNAP benefits. If you have received SNAP benefits before in Indiana under your name, you should already have a Hoosier Works card. If you no longer have a card, you must contact customer service at 1-877-768-5098 to ask for a replacement card. If you have not received SNAP benefits before in Indiana under your name, you will receive a Hoosier Works card in the mail within five (5) days after the date of this notice.

If you have an authorized representative, he or she will need a Hoosier Works card to spend your benefits. If this authorized representative was able to spend your benefits in the past, he or she should already have a card. If not, he or she must contact customer service to ask for a replacement card. If your authorized representative has not received a card before to spend your benefits, he or she will receive a Hoosier Works card within five (5) days after the date of this notice. If a card is not received, please contact customer service.

Once you have received your Hoosier Works card, you must select a Personal Identification Number (PIN) before spending your benefits. Call customer service in order to select your PIN. The customer service telephone number is 1-877-768-5098.

The Hoosier Works card does not have an expiration date. If your card is lost or stolen, you must ask for a replacement card. You will be charged a \$2.00 fee for the replacement card if the card being replaced is less than two (2) years old. If the card being replaced is over two (2) years old, you will not be charged a \$2.00 fee. You must call customer service to ask for a replacement card.

Once SNAP benefits are deposited in your account they can be spent at any time. If no purchases are made within one (1) year, the account will be closed and you will lose benefits that are left in the account.