

**MARYLAND**
USA

Identification Card

2600E0771



Customer identifier
L-520-870-209-425

Family name
LEMUS

Given names
WENDY ELISABETH

Address
**6708 20TH AVE
HYATTSVILLE MD 20783**

Date of birth
06/06/1993

Sex
F


Height
5'-04"


Weight
120

Date of issue
11/22/2021

Date of exp
11/22/2029

ID







MARYLAND DEPARTMENT OF HUMAN SERVICES

HYATTSVILLE OFFICE
6505 BELCREST RD GR FL
HYATTSVILLE MD 20782

WENDY ELISABETH LEMUS
6708 20TH AVE
HYATTSVILLE MD 20783

Correspondence ID: 19822351
Correspondence Type: Change
Correspondence Date: 02/05/2023
Program Name: SNAP
Case ID: 104118105
Customer ID: 125428935
DHS Customer Call Center Number:
1-800-332-6347
Website info: mymdthink.maryland.gov/
TTY: 1-800-735-2258 or 7-1-1

If you are a limited English speaker or you require reasonable accommodations for a disability or impairment, please notify a case manager.

Dear Wendy Elisabeth Lemus,

There has been a change in your benefits. This notice outlines our decision and what you can do.

What is our decision?

Program	Individual(s)	Decision Summary
Supplemental Nutrition Assistance Program (SNAP)	Wendy Elisabeth Lemus	Based upon a change, your new benefit amount beginning 03/01/2023 will be \$281.00 per month.

What if you disagree with our decision?

If you disagree with our decision, there are several things you can do. You can:

1. Call us at the DHS Customer Call Center at 1-800-332-6347. Have this letter and your case number ready when you call.
2. Request a Fair Hearing. You have the right to ask us to review our decision at a Fair Hearing. Read the section on "Your Right to a Fair Hearing."

Where can you get more information?





Decision Details

Status	Benefit Category	Individual Name	Change Report
Ongoing	SNAP	Wendy Elisabeth Lemus	02/04/2023

Reason:

You are receiving this notice because of changes in your household circumstances, benefits for your household have been decreased.

Old Benefit Amount:	\$376.00
New Benefit Amount:	\$281.00

Additional Information:

Your SNAP benefits will decrease effective 03/01/2023. Your period of eligibility is through 08/31/2023. This means you will receive benefits during this period unless there is a change in your situation. Before the end of this period, we will contact you to review your eligibility.

Reminder: You are part of the simplified reporting group for Supplemental Nutrition Assistance Program. When your household income goes up, you must see if all monthly income is more than the monthly income allowed for your household size. Add up earned and unearned income that your household expects to get. If the amount is more than \$1,473.00, call your case manager right away to report your income. If you get cash assistance or medical assistance, you must report all changes within 10 days.

Supporting Rule:

Code of Federal Regulations: 7 CFR 273.10 (4)

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