DFCS - LOWNDES CNTY
PO BOX 4147
ATLANTA GA 30302

1-877-423-4746

DEPARTMENT OF HUMAN SERVICES
DEPARTMENT OF COMMUNITY HEALTH
DEPARTMENT OF PUBLIC HEALTH
DEPARTMENT OF EARLY CARE AND LEARNING

NOTICE OF DECISION

Worker ID: 814589
Worker Name: J.Davis
Worker Phone Number: (470) 390-2720
Case Number: 127501718
Client ID: 1326859

JULIE JONES
4932 PINE CIR
VALDOSTA GA 31605 -5512

DATE: 12/21/2023

Report Medicaid Fraud: 1-800-533-0686

Dear JULIE JONES,

We have made a decision on your recent request for benefits.

Supplemental Nutrition Assistance Program (SNAP)

Application Date: 11/14/2023

Benefit Period	Person(s)	Decision	Program Information
11/14/2023 - 11/30/2023	Julie Jones MARCUS HAYES	Approval	**Program:** Food Stamps **Amount:** $303.00 a month See **SNAP Information** section below.
11/14/2023 - 11/30/2023	AMELIA REAGIN PAISLEY REAGIN BRILYNN REAGIN CHEVELLE REAGIN	Denial	**Program:** Food Stamps **Reason:** You have moved. **Policy:** 3205 See **SNAP Information** section below.
11/14/2023 - 11/30/2023	ALICIA DAVIS	Denial	**Program:** Food Stamps **Reason:** Household members who purchase and prepare their food together must be included in the same Food Stamps household. You or someone in your household is being denied in this application in order to be included in another household. **Policy:** 3205 **Reason:** The individual does not meet basic eligibility criteria. **Policy:** 3205 See **SNAP Information** section below.

12/01/2023 - 02/29/2024	Julie Jones MARCUS HAYES	Approval	**Program:** Food Stamps **Amount:** $535.00 a month See **SNAP Information** section below.
12/01/2023 - 01/31/2024	AMELIA REAGIN PAISLEY REAGIN BRILYNN REAGIN CHEVELLE REAGIN	Denial	**Program:** Food Stamps **Reason:** You have moved. **Policy:** 3205 See **SNAP Information** section below.
12/01/2023 - 01/31/2024	ALICIA DAVIS	Denial	**Program:** Food Stamps **Reason:** Household members who purchase and prepare their food together must be included in the same Food Stamps household. You or someone in your household is being denied in this application in order to be included in another household. **Policy:** 3205 **Reason:** The individual does not meet basic eligibility criteria. **Policy:** 3205 See **SNAP Information** section below.

Supplemental Nutrition Assistance Program (SNAP) Information

We have completed your **SNAP** application received 11/14/2023. Your certification period for SNAP is for the months of November, 2023 through February, 2024.

Your benefit issuance is on the 15th of each month.

If this is the first time you have been approved for **SNAP/Senior SNAP** benefits, your EBT card will be mailed to you separately. If you have had an EBT card before and have lost or misplaced your card, please call Conduent Customer Service at 1-888-421-3281 or go to https://www.connectebt.com/gaebtclient/ to request a replacement card.

How do I file a fair hearing?

If you disagree with our decision, please see the last two (2) pages of this form for information on your right **to request a fair hearing.**

Reporting Changes

You must report changes in the following situations:

During your **SNAP/Senior SNAP** certification period, you must report if your household's monthly **gross income goes over $2,137.00** You must report this change within 10 calendar days following the end of the month the change happens. If you are a working adult with no children, you must also report when your work hours fall below 20 hours per week or 80 hours per month.

You must also report when your household receives substantial lottery and gambling winnings. This is a cash prize won in a single game. If you or a household member receives lottery or gambling winnings, gross amount of **$4,250.00** or more (before taxes or other amounts are withheld), you must report these winnings within 10 days from the end of the month in which the household received the winnings.

If you fail to report the required changes, you may have to repay any benefits you receive for which you were not eligible and you may also be prosecuted for fraud.

You may report changes, check the status of your benefits, and renew your benefits on-line at www.gateway.ga.gov. You may also report changes to your situation or get information about your benefits by phone at 1-877-423-4746.

CONTINUING BENEFITS:

Households approved for **SNAP/Senior SNAP** will continue to receive them unless there is a change in their situation or regulations. You will need to complete a **SNAP/Senior SNAP Renewal in February, 2024** to review your eligibility. Before your eligibility ends, we will send you a letter telling you what to do to keep getting **SNAP/Senior SNAP** benefits.

IMPORTANT INFORMATION:

- **Policy** used to determine your eligibility can be found at **http://odis.dhs.ga.gov/General**.
- In accordance with Section 504 of the **Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA)**, the **Department of Human Services (DHS)** provides Reasonable Modifications and Communication Assistance to persons with disabilities. More information can be found at Notice of ADA/Section 504 Rights, at https://dfcs.georgia.gov/adasection-504-and-civil-rights.
- If you need help reading or completing this document or need help communicating with us, ask us or call 1-877-423-4746. Our services, including interpreters, are free. If you are deaf, hard-of-hearing, deaf-blind or have difficulty speaking, you can call us at the number above by dialing 711 (Georgia Relay).

  Under the **Department of Human Services (DHS)**, you may file discrimination complaints by contacting your local DFCS office or the DFCS Civil Rights, ADA/Section 504 Coordinator at 2 Peachtree Street NW, 29th Floor, Atlanta, GA 30303, 877-423-4746. For complaints alleging discrimination based on limited English proficiency, contact the DHS Limited English Proficiency and Sensory Impairment Program at 2 Peachtree Street NW, 29th Floor, Atlanta, GA 30303, 877-423-4746 (voice)
- Under the **Department of Community Health (DCH)** policy, the Medical Assistance programs cannot deny you eligibility or benefits based on your race, age, sex, disability, national origin, or religion.
- To report suspected Medicaid fraud on recipients or providers, call the Georgia Department of Community Health-Office of Inspector General at (local) 404-463-7590 or (toll free) (800) 533-0686; by email at oiganonymous@dch.ga.gov; by mail at Department of Community Health, OIG PI Section, 2 Peachtree Street NW, 5th Floor, Atlanta, GA 30303; or visit https://dch.georgia.gov/report-medicaidpeachcare-kids-fraud.
- **Health Insurance Premium Payment (HIPP):** Do you need help paying your employer sponsored insurance premiums? If you have high medical bills and are approved for Medical Assistance, the Medicaid agency has a program called HIPP that may be able to assist. If approved for this program Medicaid may pay all or part of your employer sponsored insurance premiums for you. Ask for a HIPP referral form from DFCS to start the process. If you want to talk with someone about the program, you may call (678) 564-1162.
- **Health Check:** Health Check is Georgia's well child or preventive health care program. This program provides preventive and primary health services for children. All Medicaid members under age 21 and all PeachCare for Kids® members under age 19 are eligible to participate in this program. Ask your doctor about Health Check or call **1-866-211-0950** to find the provider nearest you.
- To report SNAP and TANF fraud please contact the Office of Inspector General's (OIG) at 1-877-423-4746**.**
- **You have the right to ask for a fair hearing** to be conducted in the Office of State Administrative Hearings if you do not agree with this decision. You may be represented by a lawyer, relative, friend or anyone you choose at the hearing. You must ask for the hearing in writing, or by contacting the agency within:
  - **90 days from the date of this notice for SNAP/Senior SNAP benefits.**

- **If you wish to continue receiving benefits while waiting for your hearing decision** you must request the hearing within 14 days from the date of this notice. However, if your case terminated at the end of a certification period, or if your application to receive benefits was denied, your benefits may not be continued.

This decision may be based in whole or in part on information contained in a consumer report. Such information may include employment or income verification provided by The Work Number, a service operated by the TALX Corporation (a provider of Equifax Verification Services, Equifax, Inc.) (“Consumer Reporting Agency”). Because the Consumer Reporting Agency did not make this decision, the Consumer Reporting Agency is unable to provide the specific reasons why this decision was made.

Under the Fair Credit Reporting Act (“FCRA”), 15 U.S.C. 1681 et seq., you have the right to dispute the accuracy or completeness of any information the Consumer Reporting Agency has provided by contacting them directly. Additionally, you have the right to obtain a free copy of a consumer report within sixty (60) days by contacting them directly. You may contact the Consumer Reporting Agency at Equifax Workforce Solutions, 3470 Rider Trail South, Earth City, MO 63045, 866-222-5880 (voice), 800-424-0253 (TTY).

Legal Information

You may be able to get legal help at no cost. If you want a lawyer to help you, you may call one of the numbers below.

1. Georgia Legal Services Program
   1-800-498-9469
   (Statewide legal services,
   EXCEPT for the counties served
   by Atlanta Legal Aid)

2. Office of the State Long-Term Care Ombudsman
   Division of Aging Services
   2 Peachtree Street, NW, 32nd Floor, Atlanta, GA 30303-3142
   888-522-4464

3. Atlanta Legal Aid
   404-377-0701 (DeKalb County)
   678-407-6469 (Gwinnett County)
   770-528-2565 (Cobb County)
   404-524-5811 (Fulton County)
   404-669-0233 (So Fulton/Clayton County)

4. Georgia Senior Legal Hotline
   1-888-257-9519
   (Statewide legal services for elderly persons)

Where the sole issue involved is one of State policy, group hearings may be conducted 42 C.F.R. § 431.222

FAIR HEARING REQUEST

Complete and return this form if you do not agree with this decision.

Today's Date:	**Telephone No.** (Where You can be Reached)

I am requesting a fair hearing for:

☐ **SNAP/Senior SNAP** ☐ **Medical Assistance** ☐ **TANF** ☐ **WIC**

By checking this box, I understand I am requesting a fair hearing because I disagree with the decision made on my request for SNAP/Senior SNAP, Medicaid , TANF, or WIC. I understand an administrative law judge will listen to the cases presented by both parties and will determine if state and federal law was followed correctly.

Please tell us why you want a fair hearing:

Check the correct box if applicable:

☐ I do not want to continue receiving the benefits I now receive while waiting for the hearing decision.

☐ I want to continue receiving the benefits I now receive while waiting for the decision. **I understand that I will be required to repay the Department of Human Services any overpayment in benefits to which I was not entitled as determined by the hearing official.** I understand that my benefits may not be continued if my case closed at the end of a period of eligibility or if my application to receive benefits was denied.

_____ _____

Signature or Mark of Claimant Date

Please return this completed form to your County Department of Family and Children Services

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