KIF-105.3 09/21

COMMONWEALTH OF KENTUCKY Cabinet for Health and Family Services Department for Community Based Services

Date: 06/16/2023

Case Number: 110845016

224349772

CASSANDRA J HOLLINS 908 W BUCKNER HILL RD GREENSBURG, KY 42743-9296

Information About Your SNAP Benefits

Information about your SNAP benefits

We have reviewed your Supplemental Nutrition Assistance Program (SNAP) case. You will get **\$516.00** a month from July 01, 2023 until the end of March 31, 2024, based on the following information:

Information about your income and expenses

Gross Income (before taxes or deductions)

Earned(money from a job) \$0.00 Unearned(money from other sources) \$0.00

Expenses and Deductions

SNAP rules do not always allow us to count all the expenses you report. Here are your expenses and the amounts we were allowed to deduct:

	<u>Actual</u>	<u>Allowable</u>
Earned Income (20% of gross earnings)	\$0.00	\$0.00
Dependent Care	\$0.00	\$0.00
Legal Child Support Paid	\$0.00	\$0.00
Shelter/Utility	\$0.00	\$0.00
Medical	\$0.00	\$0.00

Information about your household

Household Size 2

Income Limit \$3,052.00

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Remember!

The following changes must be reported no later than 10 days after the end of the month the change occurs:

When the gross income for your household size exceeds the income limit listed above; or

When a member of your household age 18 through 49 years old, and subject to ABAWD requirements, has their work hours reduced to fewer than 20 hours a week.

Gross income means the amount of all earned and unearned income before any deductions, such as taxes, are taken out.

You will get SNAP benefits for:

BRENT A MORGAN

CASSANDRA J HOLLINS

Reasons for Benefits Changes

NAME	START DATE	END DATE	
CALLIE J HARRISON	June 01, 2023	Ongoing	
reparing meals together.	benefits because he/she is r	not purchasing and	
Ve based our decision on the SERENITY MORGAN	June 01, 2023	Ongoing	
eason: He/she will not get eparing meals together. /e based our decision on th	benefits because he/she is r ne rules in:921 KAR 3:010	not purchasing and	
PEYTON MORGAN	June 01, 2023	Ongoing	
oreparing meals together. We based our decision on the		not purchasing and	
oreparing meals together.		not purchasing and Ongoing	
oreparing meals together. We based our decision on the ELLIE M MORGAN	ne rules in:921 KAR 3:010 June 01, 2023 benefits because he/she is r	Ongoing	
vereparing meals together. Ve based our decision on the ELLIE M MORGAN Reason: He/she will not get breparing meals together.	ne rules in:921 KAR 3:010 June 01, 2023 benefits because he/she is r	Ongoing	
Ve based our decision on the ELLIE M MORGAN Reason: He/she will not get breparing meals together. We based our decision on the MEMPHIS MORGAN	June 01, 2023 benefits because he/she is recovered by the rules in:921 KAR 3:010 June 01, 2023 benefits because he/she is recovered by the rules in:921 KAR 3:010	Ongoing on the purchasing and Ongoing	

Website: http://chfs.ky.gov

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Reason: He/she will not get benefits because he/she did not provide proof of SSN by the due date.

He/she may be eligible for SNAP benefits again once proof of his/her SSN is provided.

We based our decision on the rules in:921 KAR 3:027

This is the proof we did not get:

• Social Security Number

Need help? Have questions?

To get help or ask questions, call 1-855-306-8959.

Need Legal help?

If you want legal help, you may be able to get free legal help from your local legal aid office at 1-800-782-1924.

The table below lists the income limit used for July 2023 ongoing benefits

Household Size	1	2	3	4	5	6	7	8	Each Additional Member
Income Limit	\$2,266	\$3,052	\$3,840	\$4,626	\$5,412	\$6,200	\$6,986	\$7,772	\$788

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Report Changes:

You must report the following changes no later than 10 days after the end of the month the change occurs:

- When the income for your household exceeds the
- gross income limit for your current household size; or When a member of your household age 18-49 years old, and subject to work requirements, begins to
- work less than 20 hours per week. When a member of your household receives lottery or gambling winnings of \$4250 or more.

Call DCBS at 1-855-306-8959 to report any changes.

DCBS accepts calls between 8:00 a.m. and 4:30 p.m. EST Monday through Friday and between 9:00 a.m. and 2:00 p.m. EST on Saturday.

Follow these rules:

- Do NOT give false information or hide information to get SNAP benefits.

 Do NOT trade or sell SNAP benefits.
- Do NOT use SNAP benefits to buy ineligible items, like alcoholic drinks, soap, tobacco products, firearms, ammunition, explosives, or a controlled substance as defined by 21 U.S.C. 802.
- Do NOT use someone else's SNAP benefits for your household.
- Do NOT use your SNAP benefits for someone outside of your household.

 DO NOT use your SNAP benefits to pay on a credit account, even if it is for SNAP eligible food.
- Do NOT sell food purchased with SNAP benefits.

Penalties for breaking these rules:

You may be stopped from getting benefits and you may be prosecuted. You could be:

- Stopped from getting SNAP benefits for 1 year, 2 years, or permanently;
- Fined up to \$250,000 or jailed up to 20 years, or
- Stopped from getting SNAP benefits for 10 years if you are found guilty of giving wrong information about who you are or where you live.

Giving wrong information on purpose may result in us taking criminal or civil legal action against you. It might also mean we reduce your benefits or take money back from you.

You have the right:

- To quick action whenever you report a change.
- To get notice of any action.

 To give us information to show the proposed action should not be taken.
- To discuss your benefits with a worker. To receive fair treatment.

Complaints about your case? Call the Ombudsman at 1-800-372-2973 or (TTY) 1-800-627-4702.

You have rights under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act.

Call DCBS at 1-855-306-8959 if you have a physical or mental limitation, such as mental illness, trouble learning, drug or alcohol addiction, depression, moving around, hearing or seeing. Here are some ways we can help:

- We can call you if you are not able to come to our
- We can tell you what this letter means; If you cannot do something we ask, we can help you or change what you have to do;
- We can help you resolve problems without a hearing;
- We can help you request a hearing.

Website: http://chfs.ky.gov

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

https://www.usda.gov/sites/default/files/documents/ad-3027.p df, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

Food and Nutrition Service, USDA 1320 Braddock Place, Room 334 Alexandria, VA 22314; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

You may also file your complaint with the Cabinet for Health and Family Services by writing or calling:

Office of Human Resource Management

EEO Compliance Branch 275 E Main St 5C-D Frankfort KY, 40621 1-502-564-7770 ext. 4107

Do you disagree with something **we have done** to your benefits? If so, you may ask for a hearing **within 90 days** from the date of this notice.

Want to continue your benefits?

Ask for a hearing within 10 days from the date of this notice. This may allow you to get the same benefits until the hearing officer makes a decision or your current certification period ends, whichever occurs first. You may have to pay back these benefits if the decision is not in your favor.

If you want your benefits to continue, please include the following sentence in your written request: "I want my same benefits continued."

How do I ask for a hearing?

Call DCBS at 1-855-306-8959; OR

Attach a separate sheet of paper to explain your reason for requesting a hearing, sign and date then: Return to any DCBS office; **OR** Return to:

> Cabinet for Health and Family Services Division of Administrative Hearings Family and Children Administrative Hearings Branch 105 Sea Hero Rd, Suite 2 Frankfort, KY, 40601

What will happen at the hearing?

- You may tell your side of the story or bring a friend, relative, or lawyer to speak for you.
- You can bring witnesses and papers to help tell your
- The hearing officer will decide what the State will do after hearing both sides of the story. You will be told what to do if you disagree with the
- hearing officer's decision.