

WAYNE CO DHS GRANDMONT SERV CTR
17455 GRAND RIVER AVE
DETROIT MI 48227

Save time - go online!
Go to www.michigan.gov/mibridges/ to
access your case online, or call (888) 642-7434.

Case Name: **Chikeita Freeman glass**
Case Number: **102404072**
Date: **11/01/2022**
MDHHS Office: **WAYNE CO DHS GRANDMONT SERV CTR**
Specialist: **K. Wyche**
Phone: **(313) 361-0119**
Fax: **(517) 346-9888**
Specialist ID: **wychek**

STATE OF MICHIGAN
Department of Health and Human Services

If you do not understand this, call an MDHHS office in your area.
MDHHS employees are prohibited by law from providing legal advice.
Si usted no entiende esto, llame a una oficina de MDHHS en su área.
La ley prohíbe a los empleados de MDHHS proporcionar asesoría legal.
إذا واجهت صعوبة في فهم هذا الطلب، فاتصل بمكتب MDHHS الموجود في منطقتك.
يحرم القانون على موظفي MDHHS إعطاء النصيحة القانونية.

CHIKEITA ALLISON FREEMAN GLASS
9607 OHIO ST
DETROIT MI 48204

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NOTICE OF CASE ACTION

Please read each page of this notice carefully.

We have reviewed your application or case. The actions that affect your case are listed in this notice.

Benefit Summary

(more information about your benefits follows this summary)

FOOD ASSISTANCE PROGRAM

Period	Action	Benefit	Household Size
10/03/2022 - 10/31/2022	Approved	\$ 657.00/mo.	4
11/01/2022 - 09/30/2023	Approved	\$ 703.00/mo.	4

More Information About Benefits

Food Assistance Program Details

Food Assistance Application Date: 10/03/2022

For the month(s) of:	Benefits are:	Amount	Who's Included
10/03/2022 - 10/31/2022	APPROVED	\$ 657.00/mo.	Isabella Freeman-glass



For the month(s) of:	Benefits are:	Amount	Who's Included
			Joshua Alexander jr Glass Jr
			Dwayne Lee Smith-freeman
			Chikeita Allison Freeman glass
11/01/2022 - 09/30/2023	APPROVED	\$ 703.00/mo.	Isabella Freeman-glass
			Joshua Alexander jr Glass Jr
			Dwayne Lee Smith-freeman
			Chikeita Allison Freeman glass

If approved for cash assistance, your benefits may go down or stop.

Your monthly income is based on your total income and expenses. Your expenses do not reduce your income dollar for dollar. The following amounts were used to determine your benefits:

Monthly Income (after deductions) \$ 786.00

BUDGET SUMMARY

Earned Income	1297.00
Self Employment Income	0.00
Unearned Income	0.00
Standard Deduction	193.00
Homeless Shelter Deduction	0.00
Medical Expenses	0.00
Dependent Care	0.00
Child Support Payments	0.00
Housing Costs	450.00
Heat/Utility Standard (including phone)	0.00
Non-Heat Electric Standard	0.00
Water/Sewer Standard	0.00
Telephone Standard	30.00
Cooking Fuel Standard	0.00
Trash Standard	0.00
Benefits Withheld to Repay an Overissuance	0.00

SIMPLIFIED REPORTING

Effective the date of this notice, you are only required to report for the Food Assistance program when you receive a lottery or gambling winning of \$3,750 or more, or your household income exceeds the limit listed below. If you are subject to Time Limited Food Assistance work requirements, you are required to report when your hours of employment drop below 80 hours a month.

Household Size: 4
Income Limit: \$ 3007.00

When must you report

If your household has an increase in income (earned or unearned), you must see if your household's gross* monthly income is now over the limit. At the end of the month, total your gross income and compare it to your monthly income limit. If your income is more than the limit mentioned above, you must report this to your specialist by the 10th of the following month. Whenever you do report a gross income amount that is over the limit for your household, be sure to say whether you think the increased income will continue beyond the report month. If your income is less than the amount mentioned above, you do not need to report the income change.

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

Your Food Assistance Program benefits will be deposited to your food account on the Michigan Bridge Card based on the last number in your grantee id. Your grantee ID is 74584001.

EBT BENEFIT DEPOSIT DATE FOR FOOD ASSISTANCE PROGRAM

Last Digit of Grantee ID is: 1

Food Benefits are available on this day each month: 5

Please Note: Benefits are available on the date shown above and any time after that date.

HEARING RIGHTS

You have the right to request a hearing if you do not agree with any action or decision the department makes (including failure to act with reasonable promptness). You can ask for a hearing for FAP by phone. Hearings for all other programs must be requested in writing. At the hearing you can explain why you disagree with the action or decision and present evidence.

The request should include your name, address and case number. Attach a copy of this notice if possible. Go to www.michigan.gov/documents/FIA-Pub18_14356_7.pdf to download a form to use or contact local MDHHS office shown on the first page of this notice to request a form.

- Keep a copy of the request and any other document you attach for yourself.
- MDHHS must receive your request for appeal within 90 days of the mailing date of this notice. Your request must be received on or before 01/30/2023 or you will not be granted a hearing.
- MDHHS must receive your request for an appeal within 10 days of the mailing date of this notice to continue receiving your benefits. Return your request on or before 11/14/2022.



You may be required to repay any assistance that you receive while your appeal is pending if 1) the department's proposed action is upheld in the hearing decision, or 2) your request for appeal is withdrawn, or 3) you or your authorized representative do not attend this hearing.

You may choose anyone to represent you. If that person is not a lawyer or is not appointed by a court, you must give us your signed authorization. Attach a copy of the court's order if the person is court appointed to help you. The Michigan Administrative Hearing System (MAHS) will deny the request for an administrative hearing made by the representative if you do not provide proof of authorization. The authorized hearing representative needs to be authorized before they can make the request.

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination 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, audiotope, 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.

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 at: <http://www.fns.usda.gov/>.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

The Michigan Department of Health and Human Services (MDHHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, sexual orientation, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a MDHHS office in your area.



Important Information - Please Read

MiBridges Client Self-Service

The Michigan Department of Health and Human Services offers two client self-service options:

* Applicants and recipients can obtain information about their case, review benefits and report changes directly to their MDHHS specialist on-line by visiting www.michigan.gov/mibridges.

* In addition, case information can be obtained 24 hours a day by calling the automated information line at 1-888-MiBridges (642-7434).

Reporting Changes

If you receive benefits for a cash assistance program, food assistance program, or child care it is your responsibility (or that of the person acting for you) to notify this office within 10 days of any changes in your circumstances which may affect your eligibility for assistance. This includes changes in employment, income, assets and health insurance premiums for you or members of your family, the number of persons living in your home, college student status, and change of address. Failure to report changes may make you liable to penalties provided by law for fraud. Your MDHHS specialist will tell you if different reporting rules apply to you, such as simplified reporting.

Free School Meals

School-aged children who get FIP and/or FAP can also get free school meals if the school participates in the U.S. Department of Agriculture National School Lunch Program. Show this notice (Notice of Case Action) to school officials to verify your eligibility when asked, or to apply for free school meals.

WIC (Women, Infants, and Children)

If you are pregnant, recently had a baby or have children under the age of 5, your household may be eligible for WIC. Contact your local health department or call 1-800-942-1636 for more information.

Domestic Violence

You are authorized to receive domestic violence comprehensive services. Contact the MDHHS office in your area or your MDHHS specialist for more information. To access these services visit www.michigan.gov/domesticviolence, or www.michigan.gov/dhs-publications to view MDHHS Publication-859, Is someone hurting you or your children?

Bridge Card Information

After you receive your first replacement card, your benefits may be reduced to cover the cost of replacing any additional cards.



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SIMPLIFIED SIX MONTH REVIEW

Your household is a simplified reporter because you have countable earnings from employment in your household. Instead of coming in for a review every 6 months, you will receive a form in the mail called a Semi-Annual Contact Report.

You **must** fill the form out and return it to your specialist by the due date on the form. The form will explain what to fill out and where to mail it. Your specialist will use your completed form to decide if you still qualify for Food Assistance benefits (FAP) without having a face-to-face meeting. This will save you a lot of time. If help is needed to complete the form, please contact your specialist listed above or call.

You will be asked to provide the following information:

- **CHANGE IN ADDRESS AND HOUSING EXPENSES** – if you have moved and any of your housing expenses have changed.
- **CHANGE IN HOUSEHOLD MEMBERS** – information about any people who have moved into or out of your household.
- **CHILD SUPPORT PAYMENTS** – proof of any changes in the legal obligation to pay child support.
- **HOUSEHOLD INCOME** – if your household's earned income has changed by more than \$100 or unearned income has changed by more than \$100, you will need to provide proof of current income from the last 30 days. Sources of income include such things as Child Support, Unemployment, Worker's Compensation, Social Security Income, employment and self-employment. If someone is self-employed and has expenses, you will need to provide receipts to claim actual expenses.

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Case Name Chikeita Freeman glass	Case Number 102404072	Specialist K. Wyche
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- **ASSETS** – proof of certain kinds of assets that you have.

You must give us proof for most changes you report on the Semi-Annual Contact Report. To save your household time, be sure to save proof of income and other documents such as your lease or utility bills that verify your answers.

Failure to return the form and proof of income will result in FAP case closure.

Special assistance for individuals with a mental or physical disability and/or individuals needing help with reading, writing, hearing, etc., can be obtained by contacting your specialist listed above or by calling.

We hope you will find the Semi-Annual Contact Report is a more convenient way for you to continue to receive your Food Assistance benefits.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

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