

Wichita DCF Office
2601 S OLIVER ST
WICHITA, KS 67210-1205



Elizabeth C Williams
447 N FLORENCE ST
WICHITA, KS 67212-2132

Notice Date: 04/15/2022
Case Name: Elizabeth C Williams
Case Number: 02432497
Program: Food Assistance

DCF has completed your Food Assistance review.

Your completed Interim Report Form has been received. You will receive food assistance benefits in the amount of \$350.00 for the remainder of your review period. If your household situation changes, this amount may change. We will tell you if this amount changes. We will also tell you when it is time to reapply.

You remain eligible for the months of 05/2022 through 10/31/2022.

There are no changes to your Food Assistance coverage or benefits effective 05/01/2022 for the following individuals:

Elizabeth C. Williams
Justin F. Williams
Calista Williams
BRIELLA E. WILLIAMS

Your benefit amount is \$ 350.00 effective 05/2022.

You will continue to get this amount until we tell you otherwise. If your household situation changes, this amount may change. We will tell you if this amount changes. We will also tell you when it is time to reapply.

This action is based on the Kansas Economic and Employment Services Manual.

FOOD ASSISTANCE REPORTING REQUIREMENT

For FOOD ASSISTANCE, you are required to report the following three changes within the first 10 days of the month following the month the change occurs.

1. You must tell us if your household's TOTAL monthly gross income goes over \$2,871.00. This includes income from work AND from other income sources like child support, SSI, Social Security disability or retirement benefits, and unemployment compensation. Gross income means all earned and other income. This is the amount before taxes, garnishments, and other deductions.
2. You must tell us if you or anyone in your household wins a lottery or gaming prize in a single game that is \$3,500 or greater (before taxes or other amounts are withheld).
3. If your household has a person who is age 18 through 49 and working you must tell us when the person's

work hours become less than 20 hours per week.

Please note that these reporting requirements are for Food Assistance only. You are required to report changes within 10 days from the date the change becomes known to your household for all other programs.

You must complete a report form 12 months after your case is approved or reviewed. On the form you must report your current income, your expenses, and list anyone who has moved in or out of your home. You must also provide proof of your income. We will send you the form when it is time for you to complete it.

Please read the last page of this letter. It has important information. It tells you about your right to a fair hearing.

If you have questions, call Wichita DCF Office at (888) 369-4777 between the hours of 8 am and 5 pm Monday through Friday.

You can apply for assistance and view information about your case online. Visit www.dcfapp.kees.ks.gov to learn more.

Comments:

CIVIL RIGHTS PROVISION

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, audiotape, 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: https://www.fns.usda.gov/snap/contact_info/hotlines.htm

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.

RIGHT TO REQUEST A FAIR HEARING You have the right to ask for a fair hearing if you do not agree with a decision made on your case. **For cash and child care**, you must request an appeal in writing within 33 days of the date of this notice. If your written request is received prior to the effective date of the adverse action, you may continue receiving benefits at the current level if you request to do so. **For food assistance**, you may ask for a fair hearing in writing, in person, or by calling your DCF Service Center anytime within 90 days of the date of this notice. If your request is received within 10 days of the date of this notice, your benefits may continue at the current level while waiting for the fair hearing. In addition, you may request a pre-hearing conference to discuss your fair hearing request. This pre-hearing shall in no way delay or replace the fair hearing process. **For LIEAP**, you must request an appeal in writing within 30 days of the date of this notice. **For any program**, if you request to continue receiving benefits at the current level while awaiting the fair hearing, you may have to pay back any benefits you receive if the fair hearing decision is not in your favor.

You may be able to get free legal help from Kansas Legal Services by calling 1-800-723-6953 or visiting www.kansaslegalservices.org for more information.

PENALTY FOR FRAUD Persons found guilty of intentionally obtaining benefits for which they are not entitled will be barred from receiving assistance in accordance with program guidelines and may also be subject to a fine or imprisonment or both.

REPORTING CHANGES You are required to report changes to DCF. We will tell you which changes you are required to report. If you have questions about your reporting requirements, please contact your local DCF office.

CASH ASSISTANCE You may not use your cash benefits to purchase alcohol, tobacco products, lottery tickets, concert tickets, professional or collegiate sporting event tickets, or tickets for other entertainment events intended for the general public or sexually oriented adult materials.

Toll Free Number: DCF Customer Service 1-888-369-4777