

El Dorado DCF Office
410 N. Haverhill Rd.
El Dorado, KS 67042



Notice Date: 12/29/2022
Case Name: HEATH A PARSONS
Case Number: 02130558
Program: Food Assistance

HEATH A PARSONS
1977 SW 70TH ST
EL DORADO, KS 67042-7960

We are changing your Food Assistance benefits effective 01/01/2023 for the following individuals:

HEATH A. PARSONS

Your benefit amount is \$281.00 effective 01/2023.

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 change has occurred because:

Your first month's benefits were prorated from the date of your application. This new benefit amount is for a full month and will remain this amount until something changes and you are notified that your benefits are being changed.

HEATH A. PARSONS will continue to receive Food Assistance benefits.

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

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 El Dorado 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

Do Not Send Applications Here.

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.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, 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:

1. **mail:**
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:**
FNCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

Do Not Send Applications Here.

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