

DEPARTMENT OF
SERVICES

LANDOVER OFFICE
425 BRIGHTSEAT ROAD
LANDOVER MD 20785

JEANNINE DEVONE GREEN
1407 DOEWOOD LN APT 303
CAPITOL HEIGHTS MD 20743

Correspondence ID: 19768944
Correspondence Type: Change
Correspondence Date: 02/05/2023
Program Name: SNAP
Case ID: 103626549
Customer ID: 129033076
DHS Customer Call Center Number:
1-800-332-6347
Website info: mydmthink.maryland.gov/
TTY: 1-800-735-2258 or 7-1-1

If you are a limited English speaker or you require reasonable accommodations for a disability or impairment, please notify a case manager.

Dear Jeannine Devone Green,
There has been a change in your benefits. This notice outlines our decision and what you can do.
What is our decision?

Program	Individual(s)	Decision Summary
Supplemental Nutrition Assistance Program (SNAP)	Andrea Gore, Jeannine Devone Green	Based upon a change, your new benefit amount beginning 03/01/2023 will be \$516.00 per month.

What if you disagree with our decision?

If you disagree with our decision, there are several things you can do. You can:

1. Call us at the DHS Customer Call Center at 1-800-332-6347. Have this letter and your case number ready when you call.
2. Request a Fair Hearing. You have the right to ask us to review our decision at a Fair Hearing. Read the section on "Your Right to a Fair Hearing."

Where can you get more information?

Change: 02/2023

CCPRINT#19768944
CS#103626549

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1/11/22, 1:25 PM

MARYLAND
Driver's License

DL

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06/09/1972 F 5'04" 150

06/09/2029

03/24/2021

JEANINE DEVORE

7416 TARPESIDE LN
GARTHERSBURG MD 20879

GREEN

38017EFCM

JEANINE F.