

County/City : Newport News City (700)
6060 Jefferson Ave.
NEWPORT NEWS, VA 23605
Phone: (757) 926-6300

Commonwealth of Virginia
Department of Social Services

Date: 06/30/2023
Case Number: 116241303
Client ID: 2000697388
Correspondence #: 773426881

Jennifer N Perry
455 Bellwood RD
Newport News, VA 23601

Notice of Action on Benefits

This letter tells you about your benefits. If you have a question, please contact your agency listed above.

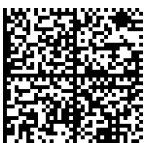
Which benefit?	Status of the benefit?
Supplemental Nutrition Assistance Program (SNAP)	<p>Your application for SNAP dated 06/28/2023 has been approved. You will get \$ 281.00 for the month of 7/2023.</p> <p>As of 8/2023, you will get \$ 939.00</p> <p>For more information about your benefits, please read this entire notice.</p> <p>Your benefits will be on your EBT card the 1st of each month</p>

Comments :

Worker D. BUGGS	Telephone Number (757) 926-6617	For Free Legal Advice Call 1-866-534-5243
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If you indicated when applying for benefits (Medicaid, SNAP, TANF, Energy Assistance, or Child Care) that you wanted to receive an email or a text message telling you that you have electronic mail about your benefits, you must first go to CommonHelp, www.CommonHelp.virginia.gov before you can access that mail. In CommonHelp, you will need to set up a secure mailbox. Have your client ID and case number available. Instructions are provided in CommonHelp.

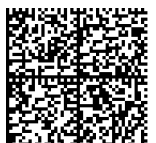
If you are acting on behalf of an individual as an authorized representative, you will continue to receive all correspondence for that individual through the mail.



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Note: Your Preferred Method of Correspondence may be changed at any time. You may update your email or cell phone number whenever changes are needed.

Your SNAP Benefits

Approved:

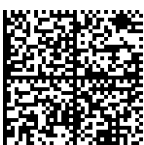
Your application received on 06/28/2023 has been approved. Your next renewal is due 12/31/2023.

Who is included?	Benefit Period	Amount
Jennifer N Perry	07/01/2023 to 07/31/2023	\$ 281.00
Jennifer N Perry	As of 08/01/2023	\$ 939.00
Makaila E Perry		
Skylar N Perry		
Jesiah-damier A Perry		

Who is denied?	Benefit Period	Why denied?
Makaila E Perry	07/01/2023-07/31/2023	Individual is receiving benefits for this program in another state
Skylar N Perry	07/01/2023-07/31/2023	Individual is receiving benefits for this program in another state
Jesiah-damier A Perry	07/01/2023-07/31/2023	Individual is receiving benefits for this program in another state

Your SNAP Benefits are based on:

Begin Date	07/01/2023	08/01/2023
End Date	07/31/2023	
Monthly Income	\$ 0.00	\$ 0.00
Monthly Income Limit	\$ 1473.00	\$ 3007.00
Resource Limit	\$ 0.00	\$ 0.00
Monthly Benefits	\$ 281.00	\$ 939.00
Less Benefits Reduction	- \$ 0.00	- \$ 0.00
Total SNAP Benefits	= \$ 281.00	= \$ 939.00



In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating 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.

This institution is an equal opportunity provider.



APPEALS AND FAIR HEARING

If you do not agree with the action we are proposing or the amount of benefits you are receiving, you may have a hearing on your case. You will have a chance to explain why you think we made a mistake at the hearing and a hearing officer will decide if you are right. A hearing gives you a chance to review the way a local social services agency handled your situation about your need for TANF or SNAP benefits. The hearing is a private, informal meeting at the local social services agency with you and anyone you want to bring as a witness or to help you tell your story, such as a lawyer. A representative of the local agency will be present as well as a hearing officer. The hearing officer is the official representative of the State Department of Social Services.

It is YOUR RIGHT TO APPEAL decisions of the local social services agency. If you want more information or help with an appeal, you may contact the local social services agency. It will not cost you anything to request a fair hearing, and you will not be penalized for asking for a fair hearing. If you want free legal advice, you may call legal aid toll free at (866) 534-5243 or visit www.valegalaid.org.

How to File an Appeal

- Send a written request to the Virginia Department of Social Services, Attention: Hearing and Legal Services Manager, 801 East Main Street, Richmond, Virginia 23219-2901 or call me at the number listed on the front, or call (800) 552-3431.

When to Appeal

SNAP within 90 days. If you want benefits to continue during the appeal, you must appeal within 10 days of the date of this notice. You may have to repay benefits if you lose the appeal.

TANF within 30 days. If you want benefits to continue during the appeal, you must appeal before the effective date of the proposed action. You may have to repay benefits if you lose the appeal.

Local Agency Conference

In addition to filing an appeal, you may have a conference with your local social services agency about the denial of your entitlement to expedited SNAP benefits. During the conference, the agency must explain why you were not entitled to expedited benefits. You will have the chance to present any information where you disagree with the agency's proposed action. You may present your story by an authorized representative, such as a friend, relative, or lawyer.

Hearing Process and Decision

The hearing officer will notify you of the date and time for your hearing at the local social services agency or at a location agreeable to you and the agency. If you cannot be there on that day, call the hearing officer and your eligibility worker immediately. If you need transportation, the local agency will provide it.

At the hearing, you and/or your representative can:

- Look at all documents and records used in the decision;
- Present your case or have it presented by a lawyer or by another authorized representative;
- Bring witnesses;
- State the important facts of your case and;
- Ask questions and tell us why you think we were wrong.

The hearing officer will base the decision only on the evidence and other material introduced at the hearing, except when medical information is requested or other essential information is needed. In this event, you and the local social services agency would have the opportunity to question or dispute this additional information.

You will get the hearing officer's decision in writing on your appeal within 60 days of the date the State Department of Social Services receives your appeal request.

