

DFCS - FULTON CNTY NW
1249 DL HOLLOWELL PKWY
ATLANTA GA 30318
1-877-423-4746



DEPARTMENT OF HUMAN SERVICES
DEPARTMENT OF COMMUNITY HEALTH
DEPARTMENT OF PUBLIC HEALTH
DEPARTMENT OF EARLY CARE AND LEARNING

Worker ID: 755339
Worker Name: P.Walker
Worker Phone Number: (470) 513-3645
Case Number: 111153559
Client ID: 788038000

NOTICE OF DECISION

PAMELA MCCRAY
2795 ALEXANDRIA DR SW
ATLANTA GA 30331 -5340

DATE: 04/12/2023

Report Medicaid Fraud: 1-800-533-0686

Dear PAMELA MCCRAY,

We have made a decision on your recent request for benefits.

Supplemental Nutrition Assistance Program (SNAP)



Application Date: 03/14/2023

Benefit Period	Person(s)	Decision	Program Information
03/14/2023 - 03/31/2023	ZION MCCRAY PAMELA MCCRAY	Approval	Program: Food Stamps Amount: \$292.00 a month See SNAP Information section below.
04/01/2023 - 08/31/2023	ZION MCCRAY PAMELA MCCRAY	Approval	Program: Food Stamps Amount: \$516.00 a month See SNAP Information section below.

Supplemental Nutrition Assistance Program (SNAP) Information



We have completed your **SNAP** application received 03/14/2023. Your certification period for SNAP is for the months of March, 2023 through August, 2023.

Your benefit issuance is on the 5th of each month.



If this is the first time you have been approved for **SNAP/Senior SNAP** benefits, your EBT card will be mailed to you separately. If you have had an EBT card before and have lost or misplaced your card, please call Conduent Customer Service at 1-888-421-3281 or go to <https://www.connectebt.com/gaebtclient/> to request a replacement card.

How do I file a fair hearing?



If you disagree with our decision, please see the last two (2) pages of this form for information on your **right to request a fair hearing**.



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CHANGE RESULTS

000931
PAMELA MCCRAY
2795 ALEXANDRIA DR SW
ATLANTA GA 30331 -5340

Worker ID: 755339
Worker Name: P.Walker
Worker Phone Number: (470) 513-3645
Case Number: 111153559
Client ID: 788038000

DATE: 04/12/2023

Report Medicaid Fraud: 1-800-533-0686

Dear PAMELA MCCRAY,

Medical Assistance



Application Date: 04/12/2023

Benefit Period	Person(s)	Decision	Program Information
09/01/2022 - 04/30/2024	ZION MCCRAY PAMELA MCCRAY	Approval	Program: Parent/Caretaker with Child(ren) See Medical Assistance Information section below

Medical Assistance Information

You or someone in your household is still eligible for Medical Assistance. People approved for Medical Assistance will continue to get coverage through the last day of 04/30/2024 unless there is a change in their situation or regulations. We will send you another letter the month before this period ends telling you what to do to keep getting Medical Assistance.

If you have a Medicaid Spenddown case, Medicaid will only pay for your medical care after your Spenddown is met in a month. A "Spenddown" is the amount of your income you must pay on 04/30/2024 medical bills you are responsible for pay.

The information listed below helped us make our decision.

Medicaid- Parent/Caretaker with Child(ren) ZION MCCRAY

We understand that you live At Home

You requested assistance for this many people 2

Income Limit for HH size \$ 457.00

Medicaid- Parent/Caretaker with Child(ren) PAMELA MCCRAY