

P.O. BOX 865
213 YEATES ST
STARKVILLE , MS 39760

Department of Human Services

RACHEL E EUBANKS
202 STURGIS MABEN RD
STURGIS , MS 39769

COUNTY : 530
TELEPHONE : (662)323-1566
CASE NUMBER: 163440784
WORKER : NYOKA HENDERSON
DATE : 04/21/2023

Form: F101 SNAP APPROVAL NOTICE F101

Your application received April 19, 2023 has been approved.

Your household is certified from APRIL 2023 through September 2023 :

You are authorized to receive:

\$690 for April 2023 through APRIL 2023

\$740 for MAY 2023 through SEPTEMBER 2023

\$ for through

XXX If this block is checked, your first month's benefit will be available immediately. Future benefits will be available on your regular availability date.

 If this block is checked, your benefits were approved without allowing a deduction for . If you provide verification, future benefits could change.

 If this block is checked, your SNAP benefits are being sanctioned because .

 If this block is checked, your SNAP benefits will be reduced by \$ each month to recover the amount of your SNAP overpayment.

Your benefits are based upon a household size of 3 , gross earned income of \$0.00 , and gross unearned income of \$0.00 .

If you do not already have an Electronic Benefit Transfer card, you will receive one in the mail along with instructions for activation. Any benefit representative's card will also be mailed to your address. If you need a replacement card, follow the instructions included.

Recipients of SNAP are able to purchase unprepared fruits and vegetables from participating vendors at local farmers markets using their EBT card. Check for participating vendors by calling or looking for an EBT sign on display at vendors booths.

In order to continue to receive uninterrupted benefits you must reapply prior to the end of your certification period.

If you need free legal services, call this toll free number at 1-800-498-1804.

To request a fair hearing, call the county MDHS office at 662-323-1566 or fill out and return the form on the back of this notice.

Please read the back of this notice for your rights and responsibilities and reporting requirements for changes in household circumstances.

If you have questions contact your local county office at 662-323-1566 .

Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) – You must report any of the following changes in the household: more than \$125 in the amount of earned or unearned income; source of income; household composition; residence and any resulting changes in shelter costs; changes in the legal obligation to pay child support; a change in liquid resources, such as cash, stocks, bonds, and bank accounts. All changes must be reported within 10 days of the date the change becomes known to the household (TANF households must report within 5 days if the head of household moves out of state and when it is clear a child will be out of the home for more than 30 days). Additionally, all ABAWD households must report when their work hours fall below 20 hours per week, or an average of 80 hours monthly.

Note: If a SNAP household member receives lottery or gambling winnings equal to or greater than \$4250, the household is ineligible to receive SNAP. Ineligibility continues as long as the household’s resources exceed the resource limit.

SNAP/TANF Household Size and Gross Income Limits:										
	1	2	3	4	5	6	7	8	9	10
SNAP	\$1473	\$1984	\$2495	\$3007	\$3518	\$4029	\$4541	\$5052	\$5564	\$6076
TANF	\$403	\$542	\$680	\$819	\$958	\$1097	\$1235	\$1374	\$1513	\$1652

Note: If there are more than ten (10) SNAP household members, add \$512 for each one; for more than ten (10) TANF household members contact your worker for the total gross income level.

Note: Gross Income: (This is the amount before taxes and deductions are taken out.) Remember to add all income-wages, child support, social security, unemployment, etc. to compare to the amount on the chart above.

National Voter Registration Act:

If you or any member of your household needs assistance with registering to vote please contact your local county office.

SECTION I: TANF APPEAL AND FAIR HEARING RIGHTS

If we have denied your TANF application, closed your case or you are not satisfied with the amount of your TANF benefit, you may use the space in Section III below to request either an agency conference or state hearing to appeal our decision. If we don’t hear from you, we will know that you understand the action taken and have no other information to give us.

You may request either an agency conference or state hearing within 90 days following the expiration of the advance notice period if your benefits were reduced or within 90 days of the date your case was denied or closed. If you request an agency conference and that decision is not in your favor, you may then request a state hearing. The Administrative Hearing Department may extend the time for filing the state hearing request if you can show good cause for not having made a timely appeal request.

If your hearing request is made within 10 days from the date of this notice and the request is based on factors other than a change in law or policy, or the expiration of the 60-month lifetime assistance period, your TANF benefits will be continued as they were prior to benefit reduction or case closure until there is a decision. If your benefits are continued and the hearing decision is not in your favor, you will have to repay the total of any benefits paid after the hearing request was made. If you do not request a hearing within 10 days from the date of this notice, your benefits cannot be continued pending a hearing decision. You may bring a lawyer, relative or friend to the hearing, or you may speak for yourself.

SECTION II: SNAP APPEAL AND FAIR HEARING RIGHTS

You have the right to request a hearing on any action by the agency or loss of benefits which occurred in the last 90 days. You may do this by contacting the local DHS office or by indicating your request for a hearing by signing your name below and returning this notice to the local office. Your case may be presented by a household member or a representative, such as legal counsel, a relative, a friend or other spokesperson.

If you request a hearing within 10 days from the date of this notice, you can receive SNAP until your hearing is decided or your certification period ends, whichever comes first. If, however, the hearing finds that our decision was correct, your household will owe us the value of the extra benefits you received. You can still request a hearing after 10 days, but you will not be able to receive SNAP at your current rate.

SECTION III: I want to request a hearing to discuss my ☐ TANF ☐ SNAP case.

The kind of hearing I want is: ☐ An agency conference with a member of the county staff other than my worker.
☐ A state hearing with a state office staff member.

I want a hearing to discuss my ☐ TANF and/or ☐ SNAP case because _____.
☐ I do ☐ do not want my ☐ TANF and/or ☐ SNAP benefits to continue until the hearing is decided or my certification/review period ends.

I understand if I have not checked either block, this means I have chosen to have my benefits continue.

Signature _____ Date Signed _____