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

NOTICE OF DECISION

Worker Name: C.Butler
Worker Phone Number: (470) 517-2547
Case Number: 117452790
Client ID: 8255838

SABRINA APPLING-OL
96 ASHBY TERRENCE NW
ATLANTA GA 30314

DATE: 09/28/2020

Report Medicaid Fraud: 1-800-533-0686

Dear SABRINA APPLING-OL,

FOOD STAMPS

You are still eligible for **Food Stamp** benefits. You will continue to receive benefits in the amount of **$204.00** per month. You will receive this amount from November, 2020 through April, 2021 unless there is a change in your household circumstances.

For the months November, 2020 through April, 2021, you will receive $204.00.

Planning for Healthy Babies®

Thank you for reporting a change in your household circumstance for Planning for Healthy Babies® (P4HB). Your reported change does not affect your P4HB eligibility. You must continue to meet program requirements to remain eligible.

What if my situation changes?

If your situation changes, you must tell us within ten (10) business days. Changes that you need to tell us about include:

- New phone number
- New address
- If your family or household size changes
- If you become pregnant
- If you are no longer able to have a baby
- If you get a job or a pay raise
- If you begin to receive any new income
- If you get private insurance, which includes Medicaid or Medicare
- If you receive a sterilization
- If you move out of state
- If you become incarcerated
- If you no longer meet the age requirement

To tell us about the change, call 1-877-423-4746, or fax to 1-888-744-2102 or mail to the address below.

What if my income changes?

If your income changes, you must send in proof of your income using one paper from this list:

- Most recent consecutive month's pay stubs in a row showing gross income.
- Letter from your employer. The letter must state gross income and how often you get it. An officer of the company must sign and date the letter.
- Unemployment Check, Compensation Letter or letter stating how much Unearned Income you get and how often you get it.

You must report your changes within ten (10) days. If you are not sure you must report the change, contact P4HB and we will let you know if you are required to report this change. You will be given time to provide proof of all income changes. If you need assistance with obtaining this proof please contact P4HB.

How do I send in my new changes?

By fax: 1-912-632-0389

By mail: Planning for Healthy Babies®
426 West 12th Street
Alma, GA 31510

Important: Write your Account Number on all pages.

What if I have questions?

We can answer your questions. Call us at 1-877-423-4746. The call is free.

We have completed our review of your case on 09/28/2020

There was a change in the eligibility of the following person(s).

Program	Case Number	Reason
ZECHARIAH APPLING	**Client ID:** 104603214	
Medical Assistance	117452790	Removed
Food Stamps	117452790	Removed
Program	**Case Number**	**Reason**
ELIJIAH APPLING	**Client ID:** 870008847	
Medical Assistance	117452790	Removed
Food Stamps	117452790	Removed
Program	**Case Number**	**Reason**
MICAH APPLING	**Client ID:** 757066822	
Medical Assistance	117452790	Removed
Food Stamps	117452790	Removed
Program	**Case Number**	**Reason**
JOSIAH APPLING	**Client ID:** 104767876	
Medical Assistance	117452790	Removed
Food Stamps	117452790	Removed

People on your application were denied benefits for the following reasons. You can read the policy reference online at **http://odis.dhs.ga.gov/Main/Default.aspx**.

Client Name	Program	Reason	Policy Reference

ZECHARIAH APPLING	Medical Assistance	You or a member(s) of your household are not eligible for Medical Assistance in Georgia. We are referring ineligible individuals to the Federal Facilitated Marketplace for health insurance coverage.	2052
ZECHARIAH APPLING	Medical Assistance	You have moved.	2245
ELIJIAH APPLING	Medical Assistance	You or a member(s) of your household are not eligible for Medical Assistance in Georgia. We are referring ineligible individuals to the Federal Facilitated Marketplace for health insurance coverage.	2052
ELIJIAH APPLING	Medical Assistance	You have moved.	2245
ELIJIAH APPLING	Medical Assistance	You or someone in your household is already receiving this type of benefit.	2050
MICAH APPLING	Medical Assistance	You or a member(s) of your household are not eligible for Medical Assistance in Georgia. We are referring ineligible individuals to the Federal Facilitated Marketplace for health insurance coverage.	2052
MICAH APPLING	Medical Assistance	You have moved.	2245
MICAH APPLING	Medical Assistance	You or someone in your household is already receiving this type of benefit.	2050
JOSIAH APPLING	Medical Assistance	You or a member(s) of your household are not eligible for Medical Assistance in Georgia. We are referring ineligible individuals to the Federal Facilitated Marketplace for health insurance coverage.	2052

JOSIAH APPLING	Medical Assistance	You have moved.	2245
JOSIAH APPLING	Medical Assistance	You or someone in your household is already receiving this type of benefit.	2050
ZECHARIAH APPLING	Medical Assistance	There are no eligible people in your household.	2050
ELIJIAH APPLING	Medical Assistance	There are no eligible people in your household.	2050
MICAH APPLING	Medical Assistance	There are no eligible people in your household.	2050
JOSIAH APPLING	Medical Assistance	There are no eligible people in your household.	2050
ZECHARIAH APPLING	Food Stamps	You have moved.	3205
ZECHARIAH APPLING	Food Stamps	You or someone in your household is already receiving this type of benefit.	3105
ELIJIAH APPLING	Food Stamps	You have moved.	3205
ELIJIAH APPLING	Food Stamps	You or someone in your household is already receiving this type of benefit.	3105
MICAH APPLING	Food Stamps	You have moved.	3205
MICAH APPLING	Food Stamps	You or someone in your household is already receiving this type of benefit.	3105
JOSIAH APPLING	Food Stamps	You have moved.	3205
JOSIAH APPLING	Food Stamps	You or someone in your household is already receiving this type of benefit.	3105
JOSIAH APPLING	Medical Assistance-Parent/Caretaker with Child(ren)	You or a member(s) of your household are not eligible for Medical Assistance in Georgia. We are referring ineligible individuals to the Federal Facilitated Marketplace for health insurance coverage.	2052
JOSIAH APPLING	Medical Assistance-Parent/Caretaker with Child(ren)	You have moved.	2245
JOSIAH APPLING	Medical Assistance-Parent/Caretaker with Child(ren)	You or someone in your household is already receiving this type of benefit.	2050

JOSIAH APPLING	Medical Assistance-Parent/Caretaker with Child(ren)	Tax dependent out of household	2245, 2610
JOSIAH APPLING	Medical Assistance-Parent/Caretaker with Child(ren)	There are no eligible people in your household.	2050

Here are the eligibility decisions for each person included in your benefits:

Client Name: ZECHARIAH APPLING **Client ID:** 104603214

Program Food Stamps

Benefit Month(s)	Decision
November, 2020	Closed

Client Name: SABRINA APPLING-OL **Client ID:** 8255838

Program Food Stamps

Benefit Month(s)	Decision
November, 2020 --- April, 2021	Eligible

Program Medical Assistance-Family Planning Services

Benefit Month(s)	Decision
February, 2020	Eligible
March, 2020	Eligible
April, 2020	Eligible
May, 2020	Eligible
June, 2020	Eligible
July, 2020	Eligible
August, 2020	Eligible
September, 2020	Eligible
October, 2020	Eligible
November, 2020 --- January, 2021	Eligible

Client Name: ELIJIAH APPLING **Client ID:** 870008847

Program Medical Assistance

Benefit Month(s)	Decision
September, 2019	Closed
October, 2019	Closed
November, 2019	Closed
December, 2019	Closed
January, 2020	Closed
February, 2020	Closed
March, 2020	Closed
April, 2020	Closed
May, 2020	Closed
June, 2020	Closed
July, 2020	Closed
August, 2020	Closed
September, 2020	Closed
October, 2020	Closed
November, 2020	Closed

Program Food Stamps

Benefit Month(s)	Decision
November, 2020	Closed

Client Name: MICAH APPLING **Client ID:** 757066822

Program Medical Assistance

Benefit Month(s)	Decision
September, 2019	Closed
October, 2019	Closed
November, 2019	Closed
December, 2019	Closed
January, 2020	Closed
February, 2020	Closed
March, 2020	Closed
April, 2020	Closed
May, 2020	Closed
June, 2020	Closed
July, 2020	Closed
August, 2020	Closed
September, 2020	Closed
October, 2020	Closed
November, 2020	Closed

Program Food Stamps

Benefit Month(s)	Decision
November, 2020	Closed

Client Name: JOSIAH APPLING **Client ID:** 104767876

Program Medical Assistance

Benefit Month(s)	Decision
February, 2020	Closed

Program Food Stamps

Benefit Month(s)	Decision
November, 2020	Closed

Program Medical Assistance-Parent/Caretaker with Child(ren)

Benefit Month(s)	Decision
March, 2020	Closed
April, 2020	Closed
May, 2020	Closed
June, 2020	Closed
July, 2020	Closed
August, 2020	Closed
September, 2020	Closed
October, 2020	Closed
November, 2020	Closed

The information listed below helped us make our decision.

Medicaid- Family Planning Services	SABRINA APPLING-OL
We understand that you live	At Home
You requested assistance for this many people	1

Income Limit for HH size	$ 2244.00
Medicaid- Parent/Caretaker with Child(ren)	JOSIAH APPLING
We understand that you live	At Home
You requested assistance for this many people	1
Income Limit for HH size	$ 310.00

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.

You will not receive a new EBT card. Your current card will still be valid for use. If you 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.

REPORTING CHANGES:

You must report changes in the following situations:

During your **Food Stamps/Senior SNAP** certification period, you must report if your household's monthly **gross income goes over $1,383.00** . You must report this change within 10 calendar days following the end of the month the change happens.

If you fail to report the required changes, you may have to repay any benefits you receive for which you were not eligible and you may also be prosecuted for fraud.

You may report changes, check the status of your benefits, and renew your benefits on-line at www.gateway.ga.gov. You may also report changes to your situation or get information about your benefits by phone at 1-877-423-4746.

Continuing Benefits

Households approved for **Food Stamps/Senior SNAP** will continue to receive them unless there is a change in their situation or regulations. You will need to complete a **Food Stamps/Senior SNAP Renewal in** to review your eligibility. Before your eligibility ends, we will send you a letter telling you what to do to keep getting **Food Stamps/Senior SNAP** benefits.

IMPORTANT INFORMATION:

- **Policy** used to determine your eligibility can be found at **http://odis.dhs.ga.gov/Main/Default.aspx**.
- In accordance with Section 504 of the **Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA)**, the **Department of Human Services (DHS)** provides reasonable accommodations to persons with disabilities. This includes help with explaining letters and forms. If you would like a reasonable accommodation or **need help with this form, please contact us at 404-657-3433. If you have a hearing impairment, call GA Relay at 711**, for free assistance.
- In accordance with Federal laws and State policy, the **Department of Human Services (DHS)** is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, religion or political beliefs.

  The U.S. Department of Agriculture also prohibits discrimination 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**, 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**.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: **http://www.fns.usda.gov/snap/contact_info/hotlines.html**.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

You may also file a complaint of discrimination by contacting the DFCS Civil Rights Program, Two Peachtree Street, N.W., Suite 19-248, Atlanta, Georgia 30303 or call (404) 657-3735 or fax (404) 463-3978. For limited English proficient and sensory impaired services, contact the DHS Limited English Proficiency and Sensory Impaired Program at: Two Peachtree Street, N.W., Suite 29-103 N.W., Atlanta, GA 30303 or call (404)-657-5244 or fax (404)-651-6815.

- To report Food Stamp and TANF fraud please contact the Office of Inspector General's (OIG) at 1-877-423-4746.
- **If you need help reading this document** or do not understand English call 1-877-423-4746 for free translation services.
- **You have the right to ask for a fair hearing** before a state hearings officer if you do not agree with this decision. You may be represented at the hearing by a lawyer, relative, friend or anyone you choose. If you want a hearing, you must ask for the hearing in writing or by contacting the agency within:
  - **90 days** from the date of this notice **for Food Stamps/Senior SNAP**

If you wish to continue receiving benefits while waiting for your hearing decision you must request the hearing within **14 days** from the date of this notice. Please understand that benefits may not be continued if your case terminated at the end of a certification period or if your application to receive benefits was denied.

Planning for Healthy Babies® Right to Review

If you disagree with this decision, you may send a request for reconsideration to Planning for Healthy Babies® (P4HB). Your request for reconsideration must be received in writing within thirty (30) days from the date of the closure letter. The Department of Community Health (DCH) will review your request for reconsideration and issue an Initial Determination. Please send your request for reconsideration to:

Planning for Healthy Babies® Resolution Coordinator

426 West 12th Street
Alma, GA 31510

Fax to:
1-912-632-0389

If you want to maintain your services pending the appeal process, you must send a written request before

the date your services change. If the Department's determinations deemed correct, the agency may institute recovery procedures against you in order to recover the costs of any services provided to you.

You may be able to get legal help at no cost. If you want a lawyer to help you, you may call one of the numbers below.

1. Georgia Legal Services Program
   1-800-498-9469
   (Statewide legal services, EXCEPT for the counties served by Atlanta Legal Aid)

2. Office of the State Long-Term Care Ombudsman
   Division of Aging Services
   2 Peachtree Street, NW;
   33rd Floor
   Atlanta, GA 30303-3142
   866-552-4464

3. Atlanta Legal Aid
   404-377-0701 (DeKalb County)
   678-407-6469 (Gwinnett County)
   770-528-2565 (Cobb County)
   404-524-5811 (Fulton County)
   404-669-0233 (So Fulton/Clayton County)

4. Georgia Senior Legal Hotline
   1-888-257-9519
   (Statewide legal services for elderly persons)

Where the sole issue involved is one of State policy, group hearings may be conducted 42 C.F.R. § 431.222.

FAIR HEARING REQUEST

- - Complete and return this form if you do not agree with this decision.

Today's Date:	**Telephone No.** (Where You can be Reached)

I am requesting a fair hearing for: ☐ **Food Stamps/Senior SNAP** ☐ **Medical Assistance** ☐ **TANF** ☐ **Child Care**

☐ **WIC**

By checking this box, I understand I am requesting a fair hearing because I disagree with the decision made on my request for Food Stamps/Senior SNAP, Medical Assistance, TANF, WIC or Child Care. I understand an administrative law judge will listen to the cases presented by both parties and will determine if state and federal law was followed correctly.

Please tell us why you want a fair hearing:

Check the correct box if applicable:

☐ I do not want to continue receiving the benefits I now receive while waiting for the hearing decision.

☐ I want to continue receiving the benefits I now receive while waiting for the decision. **I understand that I will be required to repay the Department of Human Services any overpayment in benefits to which I was not entitled as determined by the hearing official.** I understand that my benefits may not be continued if my case closed at the end of a period of eligibility or if my application to receive benefits was denied.

Signature or Mark of Claimant

Date

Please return this completed form to your County Department