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P.O. BOX 3400
GULFPORT , MS 39505

Department of Human Services

SKYLA N DAVIS
3816 GANGES STREET
GULFPORT , MS 39501

COUNTY : 240
TELEPHONE : (228)897-5600
CASE NUMBER: 185749452
WORKER : MICHELE LUSTIG
DATE : 07/13/2022

Form: F101 SNAP APPROVAL NOTICE F101

Your application received June 11, 2022 has been approved.

Your household is certified from AUGUST 2022 through January 2023 :

You are authorized to receive:
\$480. for August 2022 through JANUARY 2023
\$ for through
\$ for through

___ 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 \$767.57 .

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 228-897-5600 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 228-897-5600 .

THANK YOU MS LUSTIG

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 \$100 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 \$3500, 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	\$1316	\$1784	\$2252	\$2720	\$3188	\$3656	\$4124	\$4592	\$5060	\$5528
TANF	\$403	\$542	\$680	\$819	\$958	\$1097	\$1235	\$1374	\$1513	\$1652

Note: If there are more than ten (10) SNAP household members, add \$453 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 _____

COVID-19 Social Distancing Statement

The Mississippi Department of Human Services (MDHS) is offering options for social distancing to help protect applicants and recipients of Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) and our staff from the exposure to and/or the threat of the Coronavirus (COVID-19). MDHS will continue to receive and process SNAP and TANF applications. The lobbies to our county offices will remain open for the submission of required information; however, face-to-face interviews will be temporarily suspended unless specifically requested. Staff will also conduct telephone orientation interviews for TANF Work Program and SNAP Employment and Training applicants.

MDHS is encouraging clients to submit documentation electronically. Applications may be submitted online at www.access.ms.gov. Information requested by a case worker to support the completion of a SNAP or TANF application may be submitted to the county office by email. Each county office has an email address that is monitored daily. The email addresses are set up following the same format for each county; dfo . countyname county @ mdhs . ms . gov (dfo.countynamecounty@mdhs.ms.gov). You may submit your information by taking a clear, legible picture of the document and sending it to the corresponding email address, including your case number, first and last name, and a working telephone number. Please allow 48 hours for confirmation. If you do not receive confirmation of your email during this timeframe, please contact your local office. If you have any questions regarding the email address or the submission of information, you may contact your local county office for further guidance.

NOTE: When information is submitted through email, please include your case number (located on your EBT card underneath your name or MDHS correspondences), first name and last name, county of residence, and a working phone number.

Below are examples of county email address:

dfo._____county@mdhs.ms.gov

dfo.hindscounty@mdhs.ms.gov

dfo.bolivarcounty@mdhs.ms.gov

dfo.harrisoncounty@mdhs.ms.gov

Information requested for the completion of an Elderly Simplified Application Project (ESAP) or Mississippi Combined Application Project (MSCAP) recipient may be submitted to the following email address or by other means listed above.

ea.esapandmscap@mdhs.ms.gov