



SOMERSET LDSS
30397 MT. VERNON RD.
PRINCESS ANNE MD 21853

Correspondence ID: 25717113
Correspondence Type: Change
Correspondence Date: 09/17/2023
Program Name: SNAP
Case ID: 109293518
Customer ID: 129022838
DHS Customer Call Center Number:
1-800-332-6347
Website info: mymdthink.maryland.gov/
TTY: 1-800-735-2258 or 7-1-1

TIARA SELBY
12124 QUEENS GRANT DR
PRINCESS ANNE MD 21853

If you are a limited English speaker or you require reasonable accommodations for a disability or impairment, please notify a case manager.

Dear Tiara Selby,

This notice outlines our decision and what you can do. There has been a change in your benefits. This notice outlines our decision and what you can do.

What is our decision?

Program	Individual(s)	Decision Summary
Supplemental Nutrition Assistance Program (SNAP)	Tiara Selby	Based upon a change, your new benefit amount beginning 10/01/2023 will be \$291.00 per month.


What if you disagree with our decision?

If you disagree with our decision, there are several things you can do. You can:

1. Call us at the DHS Customer Call Center at 1-800-332-6347. Have this letter and your case number ready when you call.
2. Request a Fair Hearing. You have the right to ask us to review our decision at a Fair Hearing. Read the section on "Your Right to a Fair Hearing."

Where can you get more information?

You can call the DHS Customer Call Center at 1-800-332-6347. Be sure to have this letter and your case number ready. You can also access our website mydmthink.maryland.gov for additional information.



Decision Details

Benefit Category	Status	Individual Name	Change Report
SNAP	Ongoing	Tiara Selby	09/16/2023

Reason:

You are receiving this notice because of changes in your household circumstances, benefits for your household have been increased.

Old Benefit Amount:	\$281.00
New Benefit Amount:	\$291.00

Additional Information:

Your SNAP benefits will increase effective 10/01/2023. Your period of eligibility is through 01/31/2024. This means you will receive benefits during this period unless there is a change in your situation. Before the end of this period, we will contact you to review your eligibility.

Reminder: You are part of the simplified reporting group for Supplemental Nutrition Assistance Program. When your household income goes up, you must see if all monthly income is more than the monthly income allowed for your household size. Add up earned and unearned income that your household expects to get. If the amount is more than \$1,580.00, call your case manager right away to report your income. If you get cash assistance or medical assistance, you must report all changes within 10 days.

Supporting Rule:

Code of Federal Regulations:7 CFR 273.10 (4)

Reporting Changes: You must also report all changes in your household circumstances, such as income, resources, health insurance, and household members within ten days of the change. Failure to report these changes may result in cancellation of your eligibility, overpayments, and you may be subject to penalties of fraud. Changes can be reported in person, by mail, or online at <https://mymdthink.maryland.gov/>.

Updating Your Address: It is very important that you notify us if you move. Mail from the Maryland Medical Assistance Program and HealthChoice will not be forwarded to a new address. If we do not have your current address, you will not receive important letters about HealthChoice and continuing eligibility. Address changes can be reported in person, by mail, or online at <https://mymdthink.maryland.gov/>.

Redetermination: Approximately 60 days before the end of your certification, you will receive notification to renew your benefits. After we receive your redetermination, your eligibility will be reviewed. You can complete your redetermination in person, by mail, or online at <https://mymdthink.maryland.gov/>. If you do not complete this by the established due date, your eligibility will end.

OHEP: Need money to pay your electric and heat bills? If you qualify, the Office of Home Energy Programs (OHEP) can help. For information call 1-800-352-1446 or visit us online at www.dhr.state.md.us/meap/index.htm.

LANGUAGE ACCESSIBILITY STATEMENT

Interpreter Services Are Available for Free

Help is available in your language: 1-800-332-6347, (MD Relay TTY: 1-800-735-2258 or 7-1-1).

These services are available for free.

Español/Spanish

Hay ayuda disponible en su idioma: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Estos servicios están disponibles gratis.

አማርኛ/Amharic

እገዛ በ ቋንቋዎ ማግኘት ይቻላል:- 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1) ። እነዚህ አገልግሎቶች ያለከፍያ የሚገኙ ነጻ ናቸው።

العربية /Arabic

هاتف رقم 1-800-226-2142 برقم اتصل .بالمجان لك تتوافر اللغوية المساعدة خدمات فإن اللغة، اذكر تتحدث كنت إذا :ملحوظة
1-800-735-2258 (:والبكم الصم

中文/Chinese

用您的语言为您提供帮助: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1)。 这些服务都是免费的

فارسی /Farsi

1-800-226-2142(ناشنوا افراد تماس خط) 1-800-735-2258 : کنيد می صحبت شما که زبانی به کمک تلفن خط
هستند دسترس در رایگان صورت به خدمات این

Français/French

Vous pouvez disposer d’une assistance dans votre langue : 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Ces services sont disponibles pour gratuitement.

ગુજરાતી/Gujarati

તમારી ભાષામાં મદદ ઉપલબ્ધ છે: 1-800-332-6347 (ટીટીવાય: 1-800-735-2258 or 7-1-1). સેવાઓ મફત ઉપલબ્ધ છે

kreyòl ayisyen/Haitian Creole

Gen èd ki disponib nan lang ou: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Sèvis sa yo disponib gratis.

Igbo

Enyemaka di na asusu gi: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Oṣu ndị a dị na enweghi ugwo i ga akwu maka ya.

한국어/Korean

사용하시는 언어로 지원해드립니다: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1) 무료로 제공 됩니다

Português/Portuguese

A ajuda está disponível em seu idioma: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1) Estes serviços são oferecidos de graça.

Русский/Russian

Помощь доступна на вашем языке: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Эти услуги предоставляются бесплатно.

Tagalog

Makakakuha kayo ng tulong sa iyong wika: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1) Ang mga serbisyong ito ay libre.

اردو/Urdu

ہیں دستیاب میں مفت خدمات کی مدد کی زبان کو آپ تو ہیں، بولتے اردو آپ اگر: خبردار 1-800-226-2142 (TTY: 1-800-735-2258 or 7-1-1)۔ کر

Tiếng Việt/Vietnamese

Hỗ trợ là có sẵn trong ngôn ngữ của quý vị 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Những dịch vụ này có sẵn miễn phí.

Yorùbá/Yoruba

Ìrànṣẹ̀wọ̀ wà ní àrọ̀wọ̀tó ní èdè rẹ: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Awon ise yi wa fun o free.

USDA Nondiscrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex, and in some cases 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, 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 discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

Mail: Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or

Fax: (833) 256-1665 or (202) 690-7442; or

Email: FNSCIVILRIGHTSCOMPLAINTS@usda.gov

NOTE: DO NOT send your Maryland DHS forms or verification documentation to this email address. You may send your DHS forms and verification documentation to the address on the letter/notice you received.

For any other information or issue with the Supplemental Nutrition Assistance Program (SNAP), you may contact USDA SNAP Hotline Number at (800) 221-5689 or call the DHS Call Center at (800) 332-6347. You may access the FNS website for other states hotline number found at http://fns.usda.gov/snap/contact_info/hotlines.htm.

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 of Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0402 (voice) or (800) 537-7697 (TTY). This institution is an equal opportunity provider.

Fair Hearing

Any time you disagree with a decision taken on your case, you have the right to request a fair hearing with an official who is required by law to review the facts of every case in a fair and objective manner.

You have 90 days from the date of the notice for Supplemental Nutrition Assistance Program (SNAP) benefits and 90 days from the date of the notice for Cash Assistance benefits to request a fair hearing.

You can request a hearing by calling the case manager listed on your notice or by calling the Call Center at **1-800-332-6347**. You may have anyone you choose represent you at the hearing or you may represent yourself. If you need free legal help, call your local office or call Legal Aid at 1-800-999-8904.

What happens to your Supplemental Nutrition Assistance Program (SNAP) and other program benefits while you wait for your fair hearing?

If you request a fair hearing within 10 days from the date of notice and your program certification period has not expired, you can continue to receive benefits unless you opt out and tell us you do not want them.

However, it is important to know that if the case is **not** decided in your favor, any benefits that you received during this time that you were not entitled to must be paid back.

You can opt out of receiving benefits while you wait for your fair hearing by:

- Checking the box on Question 4 of the Fair Hearing Request form; or
- Notifying your case manager or the Call Center representative who is assisting you request a fair hearing.

Requesting a Reasonable Accommodation

If you have a disability, you are entitled to reasonable accommodations to help you access DHS's activities, programs and services. This applies even if you are working with a vendor who provides services to DHS's customers.

A request can be made any time by you or someone assisting you. The request may be made in person, in writing or over the telephone. If a reasonable accommodation is needed, speak with your case manager or your local department's Customer Access Coordinator. You may also request assistance at the front desk of your local department.

Examples of Reasonable Accommodations

- Hearing Impairment: sign language interpreter; providing an assistive listening device
- Visual Impairment: having a qualified reader read to a customer
- Mobility Impairment: mailing forms to a customer; meeting a customer at a more accessible location
- Developmental Disabilities: having things written down; taking breaks; scheduling appointments around a customer's medical need.