

Consolidated Return Mail Center  
P.O. Box 260  
Granada, Colorado 81041-0260

Ashlynn K Malady  
6976 KETCHUM DR  
COLORADO SPRINGS CO 80911-9406

Tear Here

CWBT Ongoing  
PO BOX 2692  
COLORADO SPRINGS CO 80901-2692



December 14, 2022

Case Number: 1B8W7F5

Ashlynn K Malady  
6976 KETCHUM DR  
COLORADO SPRINGS CO 80911-9406

Dear Ashlynn K Malady,

**This letter is about your Supplemental Nutrition Assistance Program (SNAP) benefits.** This letter tells you what you qualify for and next steps. It also has information about your right to appeal these decisions.

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## What you qualify for



### SNAP Benefits

We reviewed your information for SNAP benefits and made a decision on December 14, 2022 at 3:35 PM.

For questions about SNAP, contact CWBT Ongoing at EPC-Main at (719) 444-5226 or PO BOX 2692 COLORADO SPRINGS CO 80901-2692.



### **Your SNAP benefits have changed.**

- ✗ Your SNAP benefits have increased because there was a change in your household circumstances. Starting December 2022, your household will get **\$376.00** each month until December 2022.

#### **Who this benefit is for**

- ✓ These people qualify for this benefit: **Ashlynn Malady**

#### **More about your SNAP benefits**

- As a result of COVID-19, your 12/2022 SNAP benefits have been temporarily increased. You will be sent a new notice if there are any other changes to your SNAP benefits.
- You may qualify for free nutrition education classes. To learn more, call SNAP-Education at 1-844-393-SNAP (1-844-393-7627).

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## Reporting your changes and managing your benefits online

### Report changes to your information

For most programs, you must report changes for your household that could affect your benefits.

Examples of changes to report:

- Household address
- Income
- If your household changes because someone in your household marries, divorces, becomes pregnant, has or adopts a child, or joins or leaves the household for any reason
- If someone gets health coverage through an employer, COBRA, Medicare, VA Health or another source
- If someone is incarcerated

### Use PEAK® to manage SNAP online

Go to [CO.gov/PEAK](https://CO.gov/PEAK) and create a username and password. You can:

- Sign up to get email or text notifications
- See what benefits you have and when they need to be renewed
- Report changes
- Apply for other benefits



Use the Health First Colorado mobile app and take control of your coverage! Make an account at [CO.gov/PEAK](https://CO.gov/PEAK), and then download the free Health First Colorado app.



Use the Health First Colorado app to:

- See if your coverage is active
- Learn about your benefits
- Update your information
- Find providers
- View your member ID card

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## If you disagree with our decision

We made our decisions by reviewing the information you gave us, including household size and income. We also get information from other state and federal sources.

You have the right to appeal decisions about your benefits, including whether you qualify and how much assistance you get. Appeal means you tell a county or state office that you disagree with a decision and you want a hearing. You may be able to continue to get benefits while you appeal. See the box below for more information.

You have the right to represent yourself at your appeal hearing. You may also choose a lawyer, relative,

friend or any other person to act as your authorized representative. You may be able to get free legal help, call Colorado Legal Services at 1-303-837-1313 or visit [coloradolegalservices.org](http://coloradolegalservices.org) for more information.

### **To disagree with a decision for SNAP**

You can request an informal meeting, appeal (ask for a formal hearing) or both. You may be able to address issues more quickly through an informal meeting (also called a county conference). If you also want to appeal, you must do it by the deadline below, even if you also want to try an informal meeting.

| <b>To ask for an informal meeting for SNAP</b>                             |   |
|--|---|
| Deadline to request an informal meeting for SNAP:<br><b>March 14, 2023</b> | <p>To ask for an informal meeting (county conference), you can call your county human services office and request one. Or, send a letter to your county with your name, address, telephone number, case number, and the reason you disagree with the decision. Send the letter to:</p> <p>EL PASO County<br/>PO BOX 2692<br/>COLORADO SPRINGS CO 80901-2692<br/>Phone: (719) 444-5226</p>   |
| <b>To appeal (ask for a formal hearing) for SNAP</b>                       |   |
| Deadline to appeal for SNAP:<br><b>March 14, 2023</b>                      | <p>You can ask for a formal hearing with a judge (also called a State Fair Hearing) in any of these ways:</p> <ul style="list-style-type: none"><li>• Visit <a href="http://cdhs.colorado.gov/snap">cdhs.colorado.gov/snap</a> to download a copy of an Appeal Request form, or</li><li>• Mail, fax, or bring a letter to your county office at the address indicated above. Include:<ul style="list-style-type: none"><li>◦ Your name</li><li>◦ Your signature (if mailing or faxing)</li><li>◦ Your mailing address</li><li>◦ Your daytime telephone number</li><li>◦ The reason for your appeal</li><li>◦ A copy of this notice. Be sure to keep a copy of the letter and this notice for your records.</li></ul></li><li>• Alternatively, you may call your county office and ask for a formal hearing. The county will help you put your request in writing.</li><li>• Your county office will forward your appeal request to the Office of Appeals. Do not send correspondence directly to the Office of Appeals.</li></ul> |

- The Office of Appeals will mail you the date, time, and place for your hearing.

**Continuing your benefits during an appeal** **SNAP:** If you file an appeal for SNAP, you may receive your assistance at your current amount until your hearing is decided or until your benefit period ends, whichever comes first. To continue getting benefits while you appeal, you must request the appeal by **November 30, 2022**. To make sure your benefits continue, request a hearing as soon as possible.

If you continue to receive benefits during the appeal and then lose your appeal, your household will owe us the value of any benefits you received during that time that you were not eligible to receive. If you don't want to continue to receive benefits during the appeal, you must tell your county department of human services.

## Supporting Laws

- SNAP: 10 CCR 2506-1, 4.604, 4.602, 4.603, 4.605

## Other programs you might qualify for

- **Other programs you can apply for through PEAK®:**
  - Help with paying utility bills.
  - Early childhood programs with benefits like healthy food, breastfeeding support, help paying for childcare, parenting support, school readiness and child developmental support.
  - WIC is a nutrition program for infants and children under the age of 5 and pregnant and postpartum women. WIC provides healthy foods, personalized nutrition education, breastfeeding support, and referrals to other services. Families receiving Colorado Works/ Temporary Assistance for Needy Families (TANF), Health First Colorado (Colorado's Medicaid Program) or SNAP automatically qualify and others qualify based on income. WIC benefits are free and do not need to be repaid. Call 1-800-688-7777 (se habla español), email [cdphe\\_askwic@state.co.us](mailto:cdphe_askwic@state.co.us) or visit [www.coloradowic.com](http://www.coloradowic.com) to learn more or find the WIC clinic closest to you.

Contact your county's human services agency or go to [CO.gov/PEAK](http://CO.gov/PEAK) for program information and application. If you applied for programs other than SNAP, Cash or Medical Assistance, you will receive a separate letter.

If you think you have been treated unfairly or need communication aids and services

**For SNAP and Cash Assistance programs:** Contact the Colorado Department of Human Services, 504/ADA Coordinator, 1575 Sherman Street, Denver, CO 80203. Phone: 303-866-7129 or State Relay: 711. Fax: 303-866-6080. Email: CDHSCR@state.co.us.

Civil rights complaints can also be filed with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at [https://ocrportal.hhs.gov/ocr/cp/complaint\\_frontpage.jsf](https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf) or by mail, phone, or fax at: 1961 Stout Street Room 08-148 Denver, CO 80294, Telephone: 800-368-1019, Fax: 202-619-3818, TDD: 800-537-7697. Complaint forms are available at <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

### **Non-Discrimination Policy for SNAP**

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 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/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) 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](mailto:program.intake@usda.gov).

For any other information dealing with 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.htm](http://www.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 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.

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# Help in your Language

**SNAP:** (719) 444-5226

|                   |   |
|-------------------|---|
| <b>Español</b>    | ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.                 |
| <b>Tiếng Việt</b> | CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.                              |
| <b>繁體中文</b>       | 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。   |
| <b>한국어</b>        | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.  |
| <b>Русский</b>    | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.                          |
| <b>አማርኛ</b>       | ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል፡   |
| <b>العربية</b>    | ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.                                   |
| <b>Deutsch</b>    | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.       |
| <b>Français</b>   | ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.             |
| <b>नेपाली</b>     | ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ ।       |
| <b>Tagalog</b>    | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. |
| <b>日本語</b>        | 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。  |
| <b>Oroomiffa</b>  | XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama.              |
| <b>فارسی</b>      | توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.                         |
| <b>Polski</b>     | UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.                                  |