

Wichita DCF Office
2601 S OLIVER ST
WICHITA, KS 67210-1205



Notice Date: 11/15/2022
Case Name: LORI CUEVAS
Case Number: 01544167
Program: Food Assistance

LORI CUEVAS
1030 S PATTIE ST
WICHITA, KS 67211-2540

We have approved your application for Food Assistance beginning 11/04/2022 for the following individuals:

LORI CUEVAS
ANGEL VILLA TORRES
ALISAI CUEVAS
JIMENA CUEVAS
ELIEL CUEVAS

Your benefit amount is \$ 653.00 effective 11/2022.

You will receive benefits through 10/31/2023.

If you did not provide verification of medical expenses, rent or utilities expenses, child support payments, and/or child care expenses when requested, we will not allow these deductible expense(s) in determining the amount of your food assistance benefits. If you provide proof of the expense(s) we will recompute your food assistance benefits by allowing the expense(s).

DCF will tell you if your benefit changes.

LORI CUEVAS has been approved for Food Assistance starting 11/2022.

ANGEL VILLA TORRES has been approved for Food Assistance starting 11/2022.

ALISAI CUEVAS has been approved for Food Assistance starting 11/2022.

JIMENA CUEVAS has been approved for Food Assistance starting 11/2022.

ELIEL CUEVAS has been approved for Food Assistance starting 11/2022.

This action is based on the Kansas Economic and Employment Services Manual.

HOW TO GET YOUR BENEFITS: Benefits are issued electronically on the Kansas benefits card. If you already have an active Kansas Benefits card, your benefits will be added to the card. You do not need to change your PIN number for your card.

If you no longer have your card, call Customer Service (1-800-997-6666) to request a replacement card. All Kansas Benefits cards are mailed. You cannot get a card at the local DCF office.

If you did not previously have a Kansas Benefits card, DCF has mailed a card to you with instructions on how to activate the card. To ensure you receive your Kansas Benefits card, be sure to always report your current mailing address to your local DCF office.

Important: Stores are not allowed to charge sales tax on any food you buy with Food Assistance benefits.

FOOD ASSISTANCE REPORTING REQUIREMENTS

For FOOD ASSISTANCE, you are required to report the following three changes within the first 10 days of the month following the month the change occurs.

1. You must tell us if your household's TOTAL monthly gross income goes over \$3,518.00. This includes income from work AND from other income sources like child support, SSI, Social Security disability or retirement benefits, and unemployment compensation. Gross income means all earned and other income. This is the amount before taxes, garnishments, and other deductions.
2. You must tell us if you or anyone in your household wins a lottery or gaming prize in a single game that is \$4,250.00 or greater (before taxes or other amounts are withheld).
3. If your household has a person who is age 18 through 49 and working you must tell us when the person's work hours become less than 20 hours per week.

Please note that these reporting requirements are for Food Assistance only. You are required to report changes within 10 days from the date the change becomes known to your household for all other programs.

You must complete a report form 6 months after your case is approved or reviewed. On the form you must report your current income, your expenses, and list anyone who has moved in or out of your home. You must also provide proof of your income. We will send you the form when it is time for you to complete it.

Please read the last page of this letter. It has important information. It tells you about your right to a fair hearing.

If you have questions, call Wichita DCF Office at (888) 369-4777 between the hours of 8 am and 5 pm Monday through Friday.

You can apply for assistance and view information about your case online. Visit www.dcfapp.kees.ks.gov to learn more.

Comments:

CIVIL RIGHTS PROVISION

Do Not Send Applications Here.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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.

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:

1. **mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
FNCSIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

Do Not Send Applications Here.

RIGHT TO REQUEST A FAIR HEARING You have the right to ask for a fair hearing if you do not agree with a decision made on your case. **For cash and child care**, you must request an appeal in writing within 33 days of the date of this notice. If your written request is received prior to the effective date of the adverse action, you may continue receiving benefits at the current level if you request to do so. **For food assistance**, you may ask for a fair hearing in writing, in person, or by calling your DCF Service Center anytime within 90 days of the date of this notice. If your request is received within 10 days of the date of this notice, your benefits may continue at the current level while waiting for the fair hearing. In addition, you may request a pre-hearing conference to discuss your fair hearing request. This pre-hearing shall in no way delay or replace the fair hearing process. **For LIEAP**, you must request an appeal in writing within 30 days of the date of this notice. **For any program**, if you request to continue receiving benefits at the current level while awaiting the fair hearing, you may have to pay back any benefits you receive if the fair hearing decision is not in your favor.

You may be able to get free legal help from Kansas Legal Services by calling 1-800-723-6953 or visiting www.kansaslegalservices.org for more information.

PENALTY FOR FRAUD Persons found guilty of intentionally obtaining benefits for which they are not entitled will be barred from receiving assistance in accordance with program guidelines and may also be subject to a fine or imprisonment or both.

REPORTING CHANGES You are required to report changes to DCF. We will tell you which changes you are required to report. If you have questions about your reporting requirements, please contact your local DCF office.

CASH ASSISTANCE You may not use your cash benefits to purchase alcohol, tobacco products, lottery tickets, concert tickets, professional or collegiate sporting event tickets, or tickets for other entertainment events intended for the general public or sexually oriented adult materials.

Toll Free Number: DCF Customer Service 1-888-369-4777