

DFCS - DOUGHERTY CNTY  
PO BOX 4147  
ATLANTA GA 30302  
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 Phone Number: 1-877-423-4746  
Case Number: 122218177  
Client ID: 719045669

KEVIN CROSS  
2263 WRIGHTS CHAPEL RD  
SUMNER GA 31789 -4549

DATE: 09/03/2023

Report Medicaid Fraud: 1-800-533-0686

Dear KEVIN CROSS,

**Special Notes:** Your SNAP benefits have changed due to the USDA, Food and Nutrition Service Cost of Living Adjustments (COLA) or changes to your household's Standard Medical Deduction.

## Supplemental Nutrition Assistance Program (SNAP)



Application Date: 09/04/2023

Benefit Period	Person(s)	Decision	Program Information
10/01/2023 - 10/31/2023	KEVIN CROSS	Approval	<b>Program:</b> Food Stamps <b>Amount:</b> \$291.00 a month See <b>SNAP Information</b> section below.

## SNAP Information

Your **SNAP** will change from **\$281.00** to **\$291.00** effective **10/01/2023** for the reason(s) listed circumstances.

Month	Change Reason	Policy
October, 2023	Change in income limits	3715



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.

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### 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**.

## REPORTING CHANGES:

You must report changes in the following situations:



During your **SNAP/Senior SNAP** certification period, you must report if your household's monthly **gross income goes over \$1580.00**. You must report this change within 10 calendar days following the end of the month the change happens.

You must also report when your household receives substantial lottery and gambling winnings. This is a cash prize won in a single game. If you or a household member receives lottery or gambling winnings, gross amount of **\$4250.00** or more (before taxes or other amounts are withheld), you must report these winnings within 10 days from the end of the month in which the household received the winnings.

**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](http://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 **SNAP/Senior SNAP** will continue to receive them unless there is a change in their situation or regulations. You will need to complete a **SNAP/Senior SNAP Renewal in October, 2023** to review your eligibility. Before your eligibility ends, we will send you a letter telling you what to do to keep getting SNAP/Senior SNAP benefits.

## IMPORTANT INFORMATION:

- **Policy** used to determine your eligibility can be found at <http://odis.dhs.ga.gov/General>.
- 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 Modifications and Communication Assistance to persons with disabilities. More information can be found at Notice of ADA/Section 504 Rights, at <https://dfcs.georgia.gov/adasection-504-and-civil-rights>.
- If you need help reading or completing this document or need help communicating with us, ask us or call 1-877-423-4746. Our services, including interpreters, are free. If you are deaf, hard-of-hearing, deaf-blind or have difficulty speaking, you can call us at the number above by dialing 711 (Georgia Relay).
- 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/>

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[USDA-OASCR P-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:**

[FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

- Under the **Department of Human Services (DHS)**, you may file discrimination complaints by contacting your local DFCS office or the DFCS Civil Rights, ADA/Section 504 Coordinator at 2 Peachtree Street NW, 29th Floor, Atlanta, GA 30303, 877-423-4746. For complaints alleging discrimination based on limited English proficiency, contact the DHS Limited English Proficiency and Sensory Impairment Program at 2 Peachtree Street NW, 29th Floor, Atlanta, GA 30303, 877-423-4746 (voice)
- Under the **Department of Community Health (DCH)** policy, the Medical Assistance programs cannot deny you eligibility or benefits based on your race, age, sex, disability, national origin, or religion.
- To report suspected Medicaid fraud on recipients or providers, call the Georgia Department of Community Health-Office of Inspector General at (local) 404-463-7590 or (toll free) (800) 533-0686; by email at [oiganonymous@dch.ga.gov](mailto:oiganonymous@dch.ga.gov); by mail at Department of Community Health, OIG PI Section, 2 Peachtree Street NW, 5th Floor, Atlanta, GA 30303; or visit <https://dch.georgia.gov/report-medicaidpeachcare-kids-fraud>.
- To report SNAP and TANF fraud please contact the Office of Inspector General's (OIG) at 1-877-423-4746.
- **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:

o **90 days** from the date of this notice **for SNAP/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.

This decision may be based in whole or in part on information contained in a consumer report. Such information may include employment or income verification provided by The Work Number, a service operated by the TALX Corporation (a provider of Equifax Verification Services, Equifax, Inc.) ("Consumer Reporting Agency"). Because the Consumer Reporting Agency did not make this decision, the Consumer Reporting Agency is unable to provide the specific reasons why this decision was made.

Under the Fair Credit Reporting Act ("FCRA"), 15 U.S.C. 1681 et seq., you have the right to dispute the accuracy or completeness of any information the Consumer Reporting Agency has provided by contacting them directly. Additionally, you have the right to obtain a free copy of a consumer report within sixty (60) days by contacting them directly. You may contact the Consumer Reporting Agency at Equifax Workforce Solutions, 3470 Rider Trail South, Earth City, MO 63045, 866-222-5880 (voice), 800-424-0253 (TTY).

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**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, 32nd Floor, Atlanta, GA  
30303-3142  
888-522-4464
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.**

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### 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: ☐ SNAP/Senior SNAP ☐ Medical Assistance ☐ TANF  
☐ WIC

By checking this box, I understand I am requesting a fair hearing because I disagree with the decision made on my request for SNAP/Senior SNAP, Medical Assistance, TANF, or WIC. 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 terminated at the end of a period of eligibility or if my application to receive benefits was denied.

You have ten (10) days from the date on the form to request a hearing. All hearing requests must be in writing. Any member of the CAPS program will be glad to provide the necessary forms and assist you with questions regarding the appeal process. You or an authorized representative may represent you during your hearing. You can get information about hearings on the Internet at <http://www.ganet.org/osah/>.

\_\_\_\_\_  
Signature or Mark of Claimant

\_\_\_\_\_  
Date

**Please return this completed form to your County Department**

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