

NEWTON COUNTY DHS
14712 HWY 15 SOUTH
PO BOX 158
DECATUR MS 39327

STATE OF MISSISSIPPI
DEPARTMENT OF HUMAN SERVICES

COUNTY : 510
Y L. DUKES TELEPHONE : (601)635-4490
HWY 15 APT C201 WORKER : LATOYA BROWN
UR MS 39327 CASE NUMBER: 150876257
DATE : 06/28/2023

SNAP-RECERT REQUEST FOR INFORMATION F900

We have received your application for recertification for SNAP benefits. In order to process your application and determine your eligibility, we need you to provide the following information and/or verification listed below.

Needed Information/Verification CURRENT BABYSITTING AND CLEANING INCOME VERIFICATION FROM RENEE (AMOUNT,HOURS AND HOW OFTEN PAID) FOR ASHLEY

All requested verification must be submitted within ten (10) days from the date of this notice, but no later than 07/31/2023. If mandatory verifications (e.g., income, residency, citizenship, Social Security Numbers (SSN), identity, and resources) are requested but not received, your case will be denied, and you will be required to reapply if you wish to receive benefits.

How can you submit the requested information and/or verification?

Please choose the best option for your household.

* Online: Any proof of verification requested can be uploaded online (you may use your phone to take a picture to submit) at <https://ea-upload.mdhs.ms.gov/>, or at www.mdhs.ms.gov by clicking on EA Document upload.

* By mail, fax, or in-person: please see the address listed at the top of the page, or contact your local DHS county office for the fax number. Please send only copies of your document(s), because we cannot return any original documents to you.

Verification and/or information submitted after normal business hours, or on a holiday, will be considered as received on the next business date.

It is our responsibility to assist you in obtaining the required verifications, provided, you are cooperating with our agency. If you have questions, contact your worker listed above at the the local county office at 601-635-4490.

Please read the back of this notice for information about your rights

and responsibilities and reporting requirements for changes in household circumstances.

NOTICE #F900

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 \$125 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 \$4250, 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	\$1473	\$1984	\$2495	\$3007	\$3518	\$4029	\$4541	\$5052	\$5564	\$6076
TANF	\$403	\$542	\$680	\$819	\$958	\$1097	\$1235	\$1374	\$1513	\$1652

Note: If there are more than ten (10) SNAP household members, add \$512 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 _____