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Marion, IN 46952



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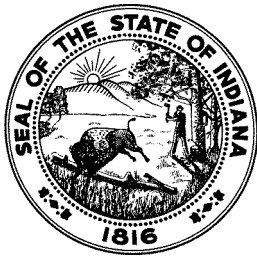


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Katrina M Bennett
Po Box 54
Waterloo, IN 46793-0054



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Eligibility Notice for SNAP

Indiana Family and Social Services Administration
PO Box 1810
Marion, IN 46952
Phone/Fax: 1-800-403-0864

Payee Name : Katrina M Bennett

Case Number : 6006377130

AG Number : 21185963

Program : SNAP

Mailing Date : JUNE 26, 2023

Katrina M Bennett
Po Box 54
Waterloo, IN 46793-0054

IMPORTANT NOTICE ABOUT YOUR BENEFITS

Dear Katrina M Bennett,

Your application for SNAP dated JUNE 12, 2023 has been approved.

You are certified for the SNAP program from JUNE 2023 through MAY 2024

You will also receive the following benefit(s):

Month(s)	Amount
AUGUST 2023	\$281.00
JULY 2023	\$281.00
JUNE 2023	\$177.00

Your regular monthly benefit will be \$281.00 beginning AUGUST 2023 and for each subsequent month.

Your issuance day is based on the first letter of your last name according to the following schedule, starting with the fifth day of the month. Day 5 (A, B), Day 7 (C, D), Day 9 (E, F, G), Day 11 (H, I), Day 13 (J, K, L), Day 15 (M, N), Day 17 (O, P, Q, R), Day 19 (S), Day 21 (T, U, V), Day 23 (W, X, Y, Z).

So that we can find out if your household can continue receiving SNAP, we will send a form to you in the 5th month of your certification period. This form is called a SNAP Interim Contact Form. You will need to complete the questions on the form and provide proof of any changes. The form must be signed, dated and returned by the due date noted. The information given will determine if you will continue to receive SNAP. If you do not return the completed form and/or do not send proof of changes, your SNAP benefits will end.

For SNAP, you are required to report when your household's gross monthly income is more than the amount listed below for any calendar month. This change must be reported by the 10th of the month following the change.

Income Limit \$1473.00. (You must report if your monthly gross income is more than this amount.)

For SNAP, you are also required to report when you receive substantial lottery or gambling winnings. Substantial winnings would be equal to or greater than \$3750 before taxes or other amounts are withheld. These winnings must be reported within ten (10) days of the end of the month in which the winnings were received.

You will need a Hoosier Works card to spend your SNAP benefits. If you have received SNAP benefits before in Indiana under your name, you should already have a Hoosier Works card. If you no longer have a card, you must contact customer service at 1-877-768-5098 to ask for a replacement card. If you have not received SNAP benefits before in Indiana under your name, you will receive a Hoosier Works card in the mail within five (5) days after the date of this notice.



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If you have an authorized representative, he or she will need a Hoosier Works card to spend your benefits. If this authorized representative was able to spend your benefits in the past, he or she should already have a card. If not, he or she must contact customer service to ask for a replacement card. If your authorized representative has not received a card before to spend your benefits, he or she will receive a Hoosier Works card within five (5) days after the date of this notice. If a card is not received, please contact customer service. Authorized representatives who are removed lose account access and their card is deactivated. If the authorized representative is added back on they receive a new card.

Once you have received your Hoosier Works card, you must select a Personal Identification Number (PIN) before spending your benefits. Call customer service in order to select your PIN. The customer service phone number is 1-877-768-5098.

The Hoosier Works card does not have an expiration date. If your card is lost or stolen, you must ask for a replacement card by calling customer service. The first replacement card per calendar year is free. There is a \$2.00 fee for each replacement after that. The \$2.00 will be deducted from your SNAP balance. If you have less than \$2.00 in your account, and receive TANF, the \$2.00 will be deducted from that account. If you have less than \$2.00 in your TANF account, or you only receive SNAP, the \$2.00 fee will be deducted from your next month's benefits.

Once SNAP benefits are deposited in your account they can be spent at any time. If no purchases are made within one (1) year, the account will be closed and you will lose benefits that are left in the account.

The individual(s) listed below is not eligible for SNAP because of the following reason(s):

Naomi N Bennett	ASSISTANCE GROUP MEMBER(S) LEFT THE HOME
Caleb R Bennett	INDIVIDUAL DOES NOT PURCHASE AND PREPARE MEALS WITH MEMBERS OF THE ASSISTANCE GROUP



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IF YOU DISAGREE WITH OUR DECISION

You have the right to appeal. A fair hearing will be scheduled for you if we receive your appeal by a certain date. Please read all of this information carefully as it explains how to appeal and tells you the deadlines you must meet.

You will be notified in writing of the date, time and place for the hearing. An administrative law judge will hear your case and make a decision. You may speak for yourself at the hearing or bring someone else such as an attorney, friend or relative. If you want an attorney to speak for you at the hearing but cannot afford one, Indiana Legal Services may be able to help. Call the office serving your area at 1-844-243-8570. Their web site address is: www.indianajustice.org.

YOUR BENEFITS CAN CONTINUE WITHOUT CHANGE

Your benefits can continue without change while your appeal is pending. This applies if you are currently receiving benefits. If you decide to appeal and want your benefits to continue without change, file your appeal right away.

The deadlines are different for each program as explained below. If you meet these deadlines, your benefits will continue without the change explained in this notice until a decision is made on your appeal. If the hearing decision is not in your favor, you will be required to repay these extra benefits you received. If you do not want your benefits to be continued, tell us that in your appeal request.

Please note that all of the deadlines explained below refer to the close of business, which is 4:30 PM local time where the appeal is received. If a deadline falls on a weekend or a holiday, we must receive your appeal by the next business day. You should expect a short interruption in coverage if we receive your appeal request near the deadline. Please note that if you mail your appeal, we will not look at the postmark to determine whether we can continue your benefits.

Deadline for SNAP

We will continue your benefits without change if we receive your appeal within thirteen (13) days of the date of this notice.

However, SNAP benefits will not continue if your certification period has expired.

TIME LIMIT TO APPEAL

The previous section tells you to appeal very quickly if you want your benefits to continue. You do have more time to appeal; however, we will take the action on your benefits as stated in this notice if you do not meet the rules and deadlines explained in the previous section.

We must receive your appeal by the program deadline(s) explained below. Please note that all of the deadlines explained below refer to the close of business, which is 4:30 PM local time where the appeal is received. If the deadline is on a weekend or holiday, we must receive your appeal by the next business day. Please note that if you mail your appeal, we will not consider the postmark.

Deadline for SNAP Appeals

The appeal request must be received within:

Ninety (90) days from the date of this notice; or
The end of your current certification period, whichever is later.



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HOW TO FILE AN APPEAL

You can mail, fax, or hand deliver your appeal request. The appeal must be in writing. However, if you are appealing SNAP you can do so verbally in person or by telephone.

To appeal, please send a signed letter with as much information as possible including your Name, Case Number, and Reason for the appeal, along with a copy of this entire notice to one of the following locations listed below. For your case, this information is provided below for your convenience.

Name: Katrina M Bennett

Case Number: 6006377130

Date of Notice: JUNE 26, 2023

County: 17

1. Mail your written appeal to

FSSA Document Center
PO Box 1810
Marion, IN 46952

Or,

2. Fax your written appeal to FSSA Document Center: 1-800-403-0864

Or,

3. Take your written appeal to your local Office of the Division of Family Resources during regular business hours.

4. **IMPORTANT FOR SNAP:** You may appeal by telephone by calling us at 1-800-403-0864.

FOR MORE INFORMATION ABOUT THE FAIR HEARING PROCESS

If you have questions please call us at 1-800-403-0864. You can also read about the fair hearing process on our website at www.in.gov/fssa.

Local Office of Family Resources
DEKALB COUNTY DFR
1390 S Grandstaff
Auburn, IN 46706
PHONE: 1-800-403-0864