

HOWARD LDSS
9780 PATUXENT WOODS DR
COLUMBIA MD 21046

MARTHA PEROU
9635 WHITEACRE RD UNIT A4
COLUMBIA MD 21045

Correspondence ID: 27536982
Correspondence Type: Request For
Information
Correspondence Date: 11/20/2023
Program Name: Cash Assistance
Case ID: 319559571
Customer ID: 153529506
DHS Customer Call Center Number:
1-800-332-6347
Website info: mymdthink.maryland.gov/
TTY: 1-800-735-2258 or 7-1-1

If you are a limited English speaker or you require reasonable accommodations for a disability or impairment, please notify a case manager.

Dear Martha Perou :

We have received your signed application on 11/20/2023. We have 30 days to determine your eligibility for benefits from the date of your signed application. Before we can determine your eligibility, we need you to provide us with additional information or proof from you as listed below. Please return all of the items to us by:

DUE DATE:11/30/2023

If we do not receive this information by the requested date, we may have to deny your application or close your case.

IMPORTANT NOTE: Please read this entire form. If there are any questions or concerns, contact DHS Customer Call Center at 1-800-332-6347.

- **Please return the requested necessary documents and verifications items listed below to us by your due date to avoid a delay in getting your benefits.** You can log into your *MyMDTHINK* account at mymdthink.maryland.gov to upload the requested documents. You may also mail or drop-off your documents at your local office at the address listed above.
- If you are unable to provide the requested information and verification, we may be able to assist you in obtaining the information. Please let us know if you require assistance. You will be required to sign a Consent to Release Information form.

Documents Required

The required documents for processing your application are listed below*

# No.	Program Name	Verification Type	Individual Name	Information Needed
1	Cash Assistance	Other	Martha Perou	Kindly sent SS Number to the agency

* You may also receive a request to provide additional verification documentation after a review of the materials you provide.

If you do not give us the information we requested, we may have to deny your application or close your case. If you do not provide proof of your expenses you will not receive the credit for your expenses.

Where can you get more information?

You can call us at the telephone number listed above. Be sure to have this letter and your case number ready. You can also look at our website mymdthink.maryland.gov for general information.

Reporting Changes: You must also report all changes in your household circumstances, such as income, resources, health insurance, and household members within ten days of the change. Failure to report these changes may result in cancellation of your eligibility, overpayments, and you may be subject to penalties of fraud. Changes can be reported in person, by mail, or online at <https://mymdthink.maryland.gov/>.

Updating Your Address: It is very important that you notify us if you move. Mail from the Maryland Medical Assistance Program and HealthChoice will not be forwarded to a new address. If we do not have your current address, you will not receive important letters about HealthChoice and continuing eligibility. Address changes can be reported in person, by mail, or online at <https://mymdthink.maryland.gov/>.

Redetermination: Approximately 60 days before the end of your certification, you will receive notification to renew your benefits. After we receive your redetermination, your eligibility will be reviewed. You can complete your redetermination in person, by mail, or online at <https://mymdthink.maryland.gov/>. If you do not complete this by the established due date, your eligibility will end.

OHEP: Need money to pay your electric and heat bills? If you qualify, the Office of Home Energy Programs (OHEP) can help. For information call 1-800-352-1446 or visit us online at <https://dhs.maryland.gov/office-of-home-energy-programs/>.

LANGUAGE ACCESSIBILITY STATEMENT

Interpreter Services Are Available for Free

Help is available in your language: 1-800-332-6347, (MD Relay TTY: 1-800-735-2258 or 7-1-1).

These services are available for free.

Español/Spanish

Hay ayuda disponible en su idioma: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Estos servicios están disponibles gratis.

አማርኛ/Amharic

እገዛ በ ቋንቋዎ ማግኘት ይቻላል:- 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1) ። እነዚህ አገልግሎቶች ያለክፍያ የሚገኙ ነጻ ናቸው።

العربية /Arabic

هاتف رقم 1-800-226-2142 برقم اتصل .بالمجان لك تتوافر اللغوية المساعدة خدمات فإن اللغة، اذكر تتحدث كنت إذا :ملحوظة
1-800-735-2258 (:والبكم الصم

中文/Chinese

用您的语言为您提供帮助: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1)。 这些服务都是免费的

فارسی /Farsi

1-800-226-2142(ناشنوا افراد تماس خط) 1-800-735-2258 : کنید می صحبت شما که زبانی به کمک تلفن خط
هستند دسترس در رایگان صورت به خدمات این

Français/French

Vous pouvez disposer d’une assistance dans votre langue : 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Ces services sont disponibles pour gratuitement.

ગુજરાતી/Gujarati

તમારી ભાષામાં મદદ ઉપલબ્ધ છે: 1-800-332-6347 (ટીટીવાય: 1-800-735-2258 or 7-1-1). સેવાઓ મફત ઉપલબ્ધ છે

kreyòl ayisyen/Haitian Creole

Gen èd ki disponib nan lang ou: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Sèvis sa yo disponib gratis.

Igbo

Enyemaka di na asusu gi: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Oṣu ndị a dị na enweghi ugwo i ga akwu maka ya.

한국어/Korean

사용하시는 언어로 지원해드립니다: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1) 무료로 제공 됩니다

Português/Portuguese

A ajuda está disponível em seu idioma: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1) Estes serviços são oferecidos de graça.

Русский/Russian

Помощь доступна на вашем языке: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Эти услуги предоставляются бесплатно.

Tagalog

Makakakuha kayo ng tulong sa iyong wika: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1) Ang mga serbisyong ito ay libre.

اردو/Urdu).

ہیں دستیاب میں مفت خدمات کی مدد کی زبان کو آپ تو ہیں، بولتے اردو آپ اگر: خبردار 1-800-226-2142 (TTY: 1-800-735-2258 or 7-1-1). کر

Tiếng Việt/Vietnamese

Hỗ trợ là có sẵn trong ngôn ngữ của quý vị 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Những dịch vụ này có sẵn miễn phí.

Yorùbá/Yoruba

Ìrànṣọwọ wà ní àrọwọtọ ní èdè rẹ: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Awon ise yi wa fun o free.

Fair Hearing

Any time you disagree with a decision taken on your case, you have the right to request a fair hearing with an official who is required by law to review the facts of every case in a fair and objective manner.

You have 90 days from the date of the notice for Supplemental Nutrition Assistance Program (SNAP) benefits and 90 days from the date of the notice for Cash Assistance benefits to request a fair hearing.

You can request a hearing by calling the case manager listed on your notice or by calling the Call Center at **1-800-332-6347**. You may have anyone you choose represent you at the hearing or you may represent yourself. If you need free legal help, call your local office or call Legal Aid at 1-800-999-8904.

What happens to your Supplemental Nutrition Assistance Program (SNAP) and other program benefits while you wait for your fair hearing?

If you request a fair hearing within 10 days from the date of notice and your program certification period has not expired, you can continue to receive benefits unless you opt out and tell us you do not want them.

However, it is important to know that if the case is **not** decided in your favor, any benefits that you received during this time that you were not entitled to must be paid back.

You can opt out of receiving benefits while you wait for your fair hearing by:

- Checking the box on Question 4 of the Fair Hearing Request form; or
- Notifying your case manager or the Call Center representative who is assisting you request a fair hearing.

Requesting a Reasonable Accommodation

If you have a disability, you are entitled to reasonable accommodations to help you access DHS's activities, programs and services. This applies even if you are working with a vendor who provides services to DHS's customers.

A request can be made any time by you or someone assisting you. The request may be made in person, in writing or over the telephone. If a reasonable accommodation is needed, speak with your case manager or your local department's Customer Access Coordinator. You may also request assistance at the front desk of your local department.

Examples of Reasonable Accommodations

- Hearing Impairment: sign language interpreter; providing an assistive listening device
- Visual Impairment: having a qualified reader read to a customer
- Mobility Impairment: mailing forms to a customer; meeting a customer at a more accessible location
- Developmental Disabilities: having things written down; taking breaks; scheduling appointments around a customer's medical need.