



**Date:** 11/08/2023

**Case Number:** 1054606708

**Need help?**

Call 2-1-1 or 1-877-541-7905

If you have a hearing or speech disability,  
call 7-1-1 or any relay service.

**All numbers are free to call.**

MICHAEL ORTA  
APT 23  
2420 AVENUE Q  
GALVESTON TX 77550-7870

## Notice about your case:

### SNAP Food Benefits

**EDG number:** 721977726

Who gets SNAP Food Benefits		
Name	Date	Monthly Amount
Michael Orta	11/07/2023 - 11/30/2023	\$ 232.00

Notes:

Your SNAP benefits will be available by the 8th of each month. (If this is your first time getting benefits, you may get them early for the first few months.)

Able bodied adults aged 18-49 without dependents are limited to three months of benefits in any 36 month period unless the person is working or volunteering an average of 20 hours per week or is otherwise exempt.

Michael Orta, must follow these SNAP work rules listed in this notice:

1. Basic Work Rules
2. SNAP Employment and Training Program Rules
3. Time Limit Rules

You have moved to a county which requires you to comply with Employment and Training work requirements.

When we certified your household, we postponed some of the verifications we need to finish your case.

Please provide the following information:

Name	Verification Required	Date
Michael Orta	Residence	12/07/2023
Michael Orta	Gifts and Contributions Income	12/07/2023
Michael Orta	Vendor Payment Income	12/07/2023
Michael Orta	Rent Expense	12/07/2023
Michael Orta	Expenses are greater than income. Please provide information as to how you are paying your bills.	12/07/2023
Michael Orta	Bank Account Checking	12/07/2023
Michael Orta	Compliance with parole/community supervision.	12/07/2023

Notes:

Your Food Stamps benefits beginning DECEMBER 2023 will not be issued until we get the above information. We need this information by the date(s) mentioned above. If the requested information changes your household's eligibility or benefits, the change will be made immediately without advance notice.

### Facts we have about your case:

Costs that lower your income (deductions)			
Month	Type of cost	Cost	Deduction
November 2023	Shelter	\$ 1,519.00	\$ 672.00

# SNAP Work Rules

## You must follow these rules to receive SNAP benefits.

This notice is about the work rules for the Supplemental Nutrition Assistance Program (SNAP). **If you don't follow these rules, your SNAP benefits may decrease or end.**

Different people in your house may need to follow different work rules. This notice tells each of you what you need to do.

### **Does everyone need to follow these work rules?**

No, only certain people do. You may not have to follow these rules if you are one or more of the following:

- Younger than 16 years old or older than 59.
- Taking care of a child 5 years old or younger or someone who needs help caring for themselves.
- Already working at least 30 hours a week or earning at least \$217.50 per week.
- Receiving unemployment benefits or your application for unemployment benefits is pending.
- Not working because of a physical or mental health reason.
- Going to school, college or a training program at least half time.
- Meeting the work rules for Temporary Assistance for Needy Families (TANF).
- Participating in a drug or alcohol addiction treatment program.

### **What should you do if you think one of these reasons applies to you or if you need to contact us about SNAP work rules?**

If you think you have a good reason for not following any of these rules, or if you fit into any of the examples in the list above, you can let Texas Workforce Commission (TWC) Employment and Training (E&T) Program staff or the Texas Health and Human Services Commission (HHSC) know. See the contact information at the end of this notice.

## **Basic Work Rules and SNAP Employment and Training (E&T) Program Rules**

### **1. Basic Work Rules**

Michael Orta, you must follow the **Basic Work Rules** to keep your SNAP benefits:

- Accept any job offer you receive, unless you have a good reason.
- If you have a job, don't quit your job or choose to work less than 30 hours each week without having a good reason, such as getting sick, being discriminated against or not getting paid.
- If we ask, tell us about your job and how much you're working.
- If we ask you to do a work program, complete your hours each month.

You may lose your SNAP benefits if you don't follow these work rules and you don't have a good reason. Call us as soon as possible if you think you have good reason for not following the Basic Work Rules.

Good reasons include issues you can't control, such as getting sick, not having childcare for a child 11 or younger, or work conditions that are unreasonable. These are some examples of good reasons but not all of them. Check the beginning of this notice for other reasons you may not have to follow any work rules.

If we find that you have a good reason, there will be no change to your SNAP benefits. See the contact information at the end of this notice.

## 2. SNAP E&T Program Rules

Michael Orta, you must follow **SNAP E&T Program Rules**.

You **must** participate in the SNAP E&T Program. The E&T Program can make it easier for you to find or keep a job. You **must** follow these rules to keep your SNAP benefits:

- Go to a program orientation when you receive a notice from the TWC Workforce Solutions Office. If you cannot make it to the orientation at the time scheduled, you must contact E&T Program staff listed on your notice to reschedule.
- Work with your E&T Program case manager to determine the right activity for you.
- Complete the activities of the program each month. (E&T Program staff will tell you what to do.)

During the program orientation, you'll receive more information about how to participate in the E&T Program. It's very important that those who must participate follow all the steps explained in the notice.

If you do not receive an orientation notice, contact your local TWC Workforce Solutions Office. See the contact information at the end of this notice.

### **Does everyone need to follow these E&T Rules?**

No, only certain people do. You may not have to follow these rules if you are one or more of the following:

- Temporarily laid off from your work.
- Living more than 35 miles from a TWC Workforce Solutions Office.
- A domestic violence survivor.

Check the beginning of this notice for other reasons you may not have to follow any work rules.

### **What if you have costs from doing the program?**

Support services are available to participate in the E&T Program. These support services include but are not limited to:

- Transportation
- Child care
- Personal safety items or equipment
- Other reasonable required costs, such as tools, books or uniforms

If support services cannot be provided by the local TWC Workforce Solutions Office, you will not need to follow the E&T Program Rules. If you think you have support service needs that we should pay, tell E&T Program staff as soon as possible. See the contact information at the end of this notice.

### **What If You Don't Follow the Basic Work Rules or SNAP E&T Program Rules?**

If you don't follow these rules without a good reason, you may lose your SNAP benefits. If you think you have a good reason or the program is not a good fit for you, tell the E&T Program staff who are helping you.

Good reasons for not following the Basic Work Rules or SNAP E&T Rules include issues you can't control, such as:

- Getting sick.
- Not having child care for a child 11 or younger.
- Working in conditions that are unreasonable.
- Not having a way to get to the program.

Other reasons may apply to you, like the ones listed at the beginning of this notice. Contact us using the information at the end of this notice if one of these reasons applies to you. If we find that you have a good reason or that the program

is not a good fit, you'll be notified and may not need to follow the SNAP E&T Program Rules. There will be no change to your SNAP benefits.

### **How long will you lose SNAP benefits if you don't follow these work rules?**

If you don't follow the Basic Work Rules or SNAP E&T Program Rules, you may lose SNAP benefits for the amount of time listed here:

- The first time you do not follow these rules and don't have a good reason, you can't get SNAP for one month.
- The second time you do not follow these rules, you can't get SNAP for three months.
- The third time, you can't get SNAP for six months.

You must meet the work rules before you can get SNAP benefits again.

### **More information about the SNAP E&T program:**

TWC operates the SNAP E&T Program through local TWC Workforce Solutions Offices. They offer different activities to help develop work skills and help you find and keep a good job.

You can learn more about the SNAP E&T Program by visiting the TWC website at [twc.texas.gov](http://twc.texas.gov). Search for SNAP and click on Supplemental Nutrition Assistance Program Employment & Training.

## **Rules for Able-Bodied Adults Without Dependents (ABAWDs)**

### **3. Time Limit Rules**

Michael Orta, must follow the **Time Limit Rules**. These rules apply to you because you're between 18 and 49, do not live with a child under 18 years old, and you're considered physically and mentally able to work. This is often called the Able-Bodied Adult Without Dependents (ABAWD) work requirement.

**You can only get SNAP benefits for three months in three years unless you meet these Time Limit Rules.**

You must follow these rules to keep your SNAP benefits:

- Spend at least 80 hours each month doing one or more of the following activities:
  - Working
  - Participating in the E&T Program or similar activities we approved
  - Volunteering

**OR**

- Participate in state workfare through the E&T Program for the hours we assigned to you each month.

If you are doing one of these things, call and let us know. If your work hours drop below 80 hours a month, you must call and let HHSC know within 10 days. Use the contact information at the end of this notice.

### **Does everyone need to follow these Time Limit Rules?**

You may not have to follow any of the Time Limit Rules if you fit one or more of the following:

- You're 17 years old or younger or 50 or older.
- Someone in your household is 17 or younger.
- You're not working because of a physical or mental health reason.
- You're pregnant.

Check the beginning of this notice for other reasons that may apply to you.

Call as soon as possible if you meet the work requirement or if you think one of these reasons applies to you. If we find one of the reasons does apply to you, you will not need to follow the Time Limit Rules.

**What happens if you do not follow these Time Limit Rules?**

We will count each full month that you receive SNAP benefits but do not meet the Time Limit Rules without a good reason. Once we have counted three full months, starting with the first full month on SNAP benefits, you will lose SNAP for three years. Contact HHSC to get the dates of your three-year period.

**What if there is good reason for not following the Time Limit Rules?**

Call us as soon as possible if you think you have good reason for not following the Time Limit Rules. Good reasons for not following these rules include, but are not limited to, issues you can't control, such as getting sick or not having transportation. Check the beginning of this notice for other reasons you may not have to follow any work rules.

If we determine that you have a good reason, there will be no change to your SNAP benefits. Tell the E&T Program staff helping you if you think you have a good reason. See the contact information at the end of this notice.

**If you lose your SNAP benefits, can you get them back?**

If you start meeting the Time Limit Rules, you can get SNAP benefits again.

You can also get SNAP benefits again if something changes in your life and there are reasons you no longer need to follow these rules. For example, you may get SNAP benefits back if you have a new physical or mental health reason for not working; you become pregnant; you begin working or have worked since you last got SNAP; or because of other reasons already discussed in this notice.

## **Contact Information**

If you think you have a good reason for not following any of these rules or if you fit into any of the examples of those who do not have to follow these rules on this notice, you can let TWC E&T Program staff or HHSC know.

Please go to [twc.texas.gov](http://twc.texas.gov) and click on the Find your Local Workforce Solutions Office to reach E&T Program staff or call toll-free 800-628-5115.

To reach HHSC, call 2-1-1 or 877-541-7905. After you pick a language, press 2.

## **Available Services**

In Texas, the following employment services may be available to you through your local Workforce Solutions Office:

- Case-managed job search
- Job readiness, job search assistance, and job referral and placement assistance
- Vocational training
- Nonvocational education
- Work experience
- Employment and training services for adults, dislocated workers and youth

Other education and training opportunities may also be available in your area. To find out, visit [twc.texas.gov](http://twc.texas.gov) and click on Find your Local Workforce Solutions Office or call 800-628-5115.



## Other help you can get and your rights:

### **www.YourTexasBenefits.com**

Go to this website to view your case, report changes to your case, renew benefits, order or print a Medicaid card, see items we need from you, upload files we need from you, and find out if we got items you sent us.

For help or questions about your Lone Star Card account, call 1-800-777-7328 (7EBT).

### **Women who can't get Medicaid or CHIP:**

Women age 15 to 44 who can't get Medicaid or CHIP might be able to get services in the Healthy Texas Women program. A Parent or legal guardian must apply for young women age 15 to 17. To learn more, go to [HealthyTexasWomen.org](http://HealthyTexasWomen.org) or call 1-866-993-9972.

### **Notice to those who work for themselves (self-employed):**

A person is self-employed if they either: (1) own a business, or (2) work for someone who doesn't take out taxes. Self-employed people must keep detailed records of the money they make. When they apply or re-apply for benefits, they must show records like bills, receipts, checks, and pay stubs.

### **If you have a complaint:**

Call 2-1-1 or 1-877-541-7905 (after you pick a language, press 2). If you still need help, call the Office of the Ombudsman at 1-877-787-8999. All numbers are free to call.

### **Your right to be treated fairly:**

If you think you have been treated unfairly (discriminated against) because of race, color, national origin, age, sex, disability, political beliefs, or religion, you can file a complaint. Contact us by:

**Mail:** Texas Health and Human Services  
Civil Rights Office  
701 W. 51<sup>st</sup> St.  
MC W-206  
Austin, TX 78751

**Phone:**  
1-888-388-6332  
**Fax:**  
(512) 438-5885  
**Email:**  
[HHSCivilRightsOffice@hhsc.state.tx.us](mailto:HHSCivilRightsOffice@hhsc.state.tx.us)

You can also file a complaint with the U.S. Department of Health and Human Services (US DHHS) Office for Civil Rights (OCR):

**Phone:**  
800-368-1019  
800-537-7697(TTY)  
**Email:**  
[OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

If you are applying for SNAP or get SNAP and you have been treated unfairly (discriminated against) you also can contact the USDA:

**Mail:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Ave., SW  
Washington, D.C. 20250-9410

**Fax:**  
(202) 690-7442  
**Email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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**Your right to appeal:**

If you think any action on your case is wrong, you can ask for a hearing to appeal. A hearing is a chance for you to tell a hearing officer the reasons you think the action is wrong. The hearing officer will decide if the right action was taken.

If you want a hearing, you must ask for it within 90 days of the date of this letter or the start date of the action, whichever comes later. If you are given a hearing, you can speak for yourself, or you can have a family member, friend, or lawyer speak for you (see below for free legal services). If you need an interpreter for your hearing, we can get you one at no cost.

**Benefits during appeal:**

You can get benefits while you wait for a hearing if: (1) you ask for a hearing within 13 days of the date of this letter, and (2) you are getting benefits when you ask for a hearing. If you lose the appeal, you might have to pay back benefits you got while waiting for the hearing.

**How to appeal:**

The fastest way to ask for a hearing to appeal is by calling 2-1-1 (or 1-877-541-7905). After you pick a language, press 2. If you have a hearing or speech disability, call 7-1-1 or any relay service. All numbers are free to call.

If you aren't able to call 2-1-1, you can ask for a hearing by either sending us a letter or going to an HHSC benefits office near you. If you send us a letter, you will need to include your: (1) full name, (2) case number, (3) address, and (4) phone number, if you have one. Mail the letter to: Texas Health and Human Services Commission, PO Box 149027, Austin, Texas 78714-9027.

**For free legal services, contact:**

LONE STAR LEGAL AID - GALVESTON OFFICE  
123 25TH STREET SUITE 4020  
GALVESTON TX 77550

**Phone:**

800.551.3712

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# Report of Change



You must report changes to your case within 10 days of the change.

You can report changes online at [www.YourTexasBenefits.com](http://www.YourTexasBenefits.com).

☐ **1. Families who get TANF must report changes in:**

- Address.
- Source of household earned and unearned income.
- Amount of unearned income.
- The number of people in your household.
- Receipt of a car or other licensed vehicle purchased by your household or received as a gift.
- Wage rate or status (full-time to part-time or vice versa as defined by the employer).
- The total amount of your resources, such as money in bank or savings accounts, stocks, bonds, or cash, when the total goes over \$1,000 for TANF and \$2,000 for Adult Medicaid households.
- Termination of pregnancy.
- Receipt of or change in a resource that may provide payment for medical services. This includes getting or changing health insurance coverage, or getting a settlement payment from an insurance or accident claim.
- Address, job, or other information related to an absent parent.
- Citizenship or immigration status.

☐ **2. Everyone who gets Medicaid or CHIP benefits must report changes if:**

- Their address changes.
- They no longer live in Texas or are planning to leave Texas.
- Anyone moved in or out of their home.
- They get more money.
- They get money from a different person or job.
- The number of hours they work changes.
- Their pregnancy ends. This includes when and how their pregnancy ended. Proof is not required when reporting changes about pregnancy.
- There's a change in getting health insurance.
- (The following is needed only if the person gets Medicaid and: (1) is 65 or older, or (2) has a disability.) They buy, get as a gift, or sell things such as: car, truck, boat, motorcycle, home, property, insurance policy, stocks, or bank accounts.
- (The following is needed only if the person gets Medicaid or CHIP and: (1) is 64 or younger, or (2) doesn't have a disability.) There's a change in the people they will claim or plan to claim as tax dependents on their next tax return.
- Their citizenship or immigration status change.
- Any lottery or gambling winnings greater than \$80,000.

☐ **3. Everyone who gets Healthy Texas Women benefits must report changes if:**

- Their address changes.
- They no longer live in Texas or are planning to leave Texas.
- They become pregnant.
- They receive health insurance that covers family planning services or get help for paying for medical services. This can include a settlement payment from an insurance or accident claim.
- They no longer want to get this type of coverage.
- Their citizenship or immigration status change.
- Any lottery or gambling winnings greater than \$80,000.



## Report of Change



☐ **4. SNAP Streamlined Reporting (SR) households must report changes in:**

- The amount of money everyone on your case gets each month before taxes are taken out, if it becomes \$ or more. Right now, we show the amount everyone on your case gets each month before taxes are taken out is \$.
- ☐ Able Bodied Adult without Dependents (ABAWD). Work or participation hours fall below an average of 20 hours per week. This includes all employment and self-employment income and any hours that count toward the work requirement.
- Any lottery or gambling winnings greater than \$4,250.

☒ **5. SNAP Non-Streamlined Reporting households must report changes in:**

- Address.
- Housing cost at a new address (rent, home payment, home tax and insurance, water, sewer, electricity, gas, phone, other). Tell us as soon as you know there will be changes to these costs. Don't wait to get your new bills to tell us.
- Source of household earned and unearned income.
- The legal obligation to pay child support.
- The number of people in your household.
- Receipt of a car or other licensed vehicle purchased by your household or received as a gift.
- Wage rate or status (full-time to part-time or vice versa as defined by the employer).
- Any unearned income greater than \$125 per month.
- The total amount of your resources, such as money in bank or savings accounts, stocks, bonds, or cash, when the total goes over \$5,000.
- ☒ Able Bodied Adult without Dependents (ABAWD). Work or participation hours fall below an average of 20 hours per week. This includes all employment and self-employment income and any hours that count toward the work requirement.
- Any lottery or gambling winnings greater than \$4,250.

☐ **6. SNAP Combined Application Project (SNAP-CAP) households must report changes in address.**

When you report a change, you might need to give us proof of the change. To give us proof, you can: (1) upload your files showing proof on [www.YourTexasBenefits.com](http://www.YourTexasBenefits.com), or (2) give us copies of items showing proof when you give us this form.

Another person can report changes for you. You can ask for a receipt for your change report.

Your advisor can explain what type of proof of the change is required.

Reporting these changes is a way to make sure your household receives all the benefits it is entitled to. **If you withhold any information or give false information about changes you are required to report, you will owe us the value of any extra benefits you received as a result, and you may also lose some deductions. You also may be barred from receiving SNAP food benefits for one year to permanently, and be fined \$250,000, imprisoned for 20 years, or both. A member of your household will never be able to get SNAP food benefits again if they are found guilty in a court of law of:**

- buying or selling firearms, ammunition, or explosives in exchange for SNAP food benefits, or
- illegally buying, selling, trading, or redeeming \$500 or more in SNAP food benefits.



## Report of Change



Name Michael Orta	Case Number 1054606708	Date 11/08/2023
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Your household is responsible for reporting changes to this office within 10 days. You are required to report changes based on your reporting requirements listed on Page 1.

Give the date of each change and an explanation of the change. Attach proof of the change(s).

_____	_____
_____	_____
_____	_____
_____	_____

How long do you expect the change to last?

\_\_\_\_\_

**X**

Signature-Person Reporting Change

Date

Phone No. of Person Reporting Change

You can report changes one of the following ways:

- Go to: [www.YourTexasBenefits.com](http://www.YourTexasBenefits.com)
- Call toll-free: 2-1-1 or 877-541-7905.  
After you pick a language, press 2.
- Fax this form to: 877-447-2839.
- Mail this form to:  
Texas Health And Human Services Commission  
PO Box 149024  
Austin, TX 78714-9024

\_\_\_\_\_  
Signature - Representative Receiving  
Report of Change

\_\_\_\_\_  
Date



## Report of Change



### Signing up to vote

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

**If you are not registered to vote where you live now, would you like to register to vote today?** ☐ Yes ☐ No

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Elections Division, Secretary of State, PO Box 12060, Austin, TX 78711. Phone: 800-252-8683.

With a few exceptions, you have the right to request and be informed about the information that the Texas Health and Human Services (HHSC) obtains about you. You are entitled to receive and review the information upon request. You also have the right to ask HHSC to correct information that is determined to be incorrect (Government Code, Sections 552.021, 552.023, 559.004). To find out about your information and your right to request correction, contact your local eligibility determination office.

The information provided on this form will be subject to verification of federal, state and local offices. **If any is found inaccurate, you may be denied SNAP food benefits, be subject to criminal prosecution for knowingly providing false information (or both).**

**Anyone buying or selling controlled substances (illegal drugs or certain drugs for which a doctor's prescription is required) in exchange for SNAP food benefits will not be able to get SNAP food benefits for two years for the first offense and permanently for the second offense. Anyone who gives false information to receive SNAP food benefits more than once in a month may be barred from the SNAP food benefits for 10 years.**

#### Agency Use Only: Voter Registration Status

☐ Already registered ☐ Client declined ☐ Agency transmitted ☐ Client to mail ☐ Mailed to client ☐ Other

Agency staff signature \_\_\_\_\_

