



State Department of Human Services  
123 Main Street  
Hometown, ST 12345-6789

**Case ID Number:** 12345A  
**Notice Date:** September 17, 2018  
**Program:** Supplemental Nutrition Assistance Program (SNAP)

**Comment [IPR1]: Considerations for This Notice**

This model notice is intended to be customized by each State agency, adding the appropriate State agency's logo, address, contact information, and website address throughout. Client information, case ID number, and program name should also be edited accordingly to reflect State's SNAP program conventions.

## Expedited Approval – More Information Needed

### We Need Additional Proof From You

Dear [Name],

You applied for Supplemental Nutrition Assistance Program (SNAP) benefits on September 14, 2018. This letter is to let you know that we approved your application for SNAP benefits. However, **your benefits will stop if you do not provide more information by October 31, 2018.** We call this information **proof**. It proves that what you stated in your application is correct. This letter lists what we need and what steps you should take to get it to us.

#### Why do you need to give us proof now?

Because you needed food assistance right away, we gave you more time to give us proof of your information. Now you must provide it. You will not continue to receive SNAP if you do not give us the information we need.

#### How much are my SNAP benefits?

We have approved you to receive **\$103** in SNAP benefits for September. This amount reflects partial benefits for your first month because of when you applied. If you provide the information we need on time, you will receive **\$193** per month in benefits for October 2018 through February 2019. **We may reduce or stop these benefits if you do not give us what we need.**

#### What do you need to do?

Please provide us the following by **October 31, 2018**. We need only one document for each type of information, even if the information is needed for more than one program.

**Comment [IPR2]: Considerations for This Notice**

This notice was developed to model Federal SNAP notice requirements for this notice type and communication best practices. In developing and revising SNAP notices, State agencies should carefully consider the range of Federal, State, and local requirements that may apply, including civil rights disclosures, limited English proficiency requirements, and others. State agencies are advised to consult their FNS Regional Offices for help determining the implications of Federal requirements, policy and administrative options, and waivers on the content of their notices.

**Comment [IPR3]: Communication Best Practices**

Simple design with use of whitespace and attention to how information is presented on the page. See NRT, comprehension and readability tab

**Comment [IPR4]: Policy Requirement**

Due date of required verification  
See 7 CFR 273.2(f)  
See also NRT, policy requirements tab

Depending on the application date, verification may be postponed to the second or third month of participation.  
See 7 CFR 273.2(i)(4)(iii)(A) and (B)

**Comment [IPR5]: Communication Best Practices**

States are encouraged to use a term for verifications that will be easy to understand and familiar and to their clients.  
See NRT, comprehension and readability tab

**Comment [IPR6]: Communication Best Practices**

Use of subheadings, bullets, and bold technique strategically across the notice to help support navigation and understanding of the notice.  
See NRT, comprehension and readability tab

**Comment [IPR7]: Policy Requirement**

Explanation of certification periods and consequences of failure to provide verifications  
See 7 CFR 273.10(g)(1)(i)(B)  
See also NRT, policy requirements tab

Here is what we need:

Program: Supplemental Nutrition Assistance Program (SNAP)		
We need proof of	For whom	Details and examples of proof accepted
What you earn (earned income or pay)	[Name]	Proof of pay for [time period A] for Acme Company  Proof of pay for [time period B] for Second Company  <b>Examples:</b> pay stubs, wage printout, employer statement or form, employer bookkeeping records
What you spend on rent or mortgage	[Name]	Proof of payment for rent or mortgage  <b>Examples:</b> rent receipt or mortgage statement

**Comment [IPR8]: Communication Best Practice**  
Use of clear writing with simple sentences written in active voice, following the principles of Plain Language.  
See NRT, comprehension and readability tab

### How can you give us the proof we need?

Choose the option that is easiest for you.

- *Online:* You may upload your documents at [www.dhs.st.gov/mycase](http://www.dhs.st.gov/mycase).
- *By mail:* You may mail copies of the documents to:  
Department of Human Services (DHS)  
Document Imaging Center  
PO Box 1234  
Hometown, ST 12345-6789
- *By fax:* You may fax them to 1-800-123-4567.
- *In person:* You may drop off copies of the documents at your local office, either at the front desk or using the drop box near the entrance. The DHS local office is located at:  
Local DHS Office  
Street Name # 12  
Hometown, ST 12345-6789

Please send only **copies** of your documents because **we cannot return any original documents** to you.

### What to do if you need help?

If you have trouble getting the information we need or you have questions, please call us at 1-800-123-4567. We may be able to suggest other ways to verify this information.

Sincerely,

State Department of Human Services  
1-800-123-4567  
[www.dhs.st.gov](http://www.dhs.st.gov)

**Comment [IPR9]: Consideration for This Notice**  
Signature contact information, including website in footer of the notice, should be customized with appropriate State agency information.

Please read on to find out more about your rights and responsibilities.

For notices in large print or another format, please call our helpline at 1-800-123-4567 TDD (telecommunication device for the deaf).

Si lo solicita, podemos traducir esta información para usted. Por favor, llame al 1-800-123-4567.

**Comment [IPR10]: Additional Policy Considerations**

Additional rights and responsibilities may apply. This includes relevant Federal, State, and local requirements regarding civil rights protections, program integrity, or other client rights and responsibilities.

## Your Right to a Fair Hearing

### What is a fair hearing?

If you disagree with a decision made on your SNAP application or case, you have the right to request a fair hearing. A fair hearing means that an official will review the facts of your case in a fair and objective manner as required by law.

### In what situations can you ask for a fair hearing?

You may ask for a fair hearing if:

- You applied for benefits and were denied, or
- You disagree with a decision on your case, or
- You believe your benefits were not calculated correctly.

### When is the deadline to request a fair hearing?

- If you want a fair hearing because we closed your SNAP case or denied your request for SNAP benefits, you must request it by [enter date 90 days from decision date].
- If you want a fair hearing about your current benefits, you may request a fair hearing anytime before your case closes. Your case will close [enter certification period end date].
- If you request a hearing because your case was closed or your benefits went down, you may choose to keep getting your current benefits. You may only choose to continue receiving benefits if your certification period has not ended. If you choose to do this, you may have to pay those benefits back if you lose the fair hearing. To continue your benefits, you must request a fair hearing by [enter date upon which action becomes effective].

For TANF or Medicaid decisions, you must request a hearing by [enter date].

### How do you ask for a fair hearing?

To request a fair hearing:

1. [State can fill in specific procedures in a numbered list]
- 2.

### Can you get free legal help?

You may be able to get free legal help from [State Legal Aid Name] by calling 555-555-5555 or visiting [www.statelegalaid.org](http://www.statelegalaid.org) for more information.

**Comment [IPR11]: Considerations for This Notice**

State agencies should customize the information provided in this section with their own Fair Hearing Procedures.