

**NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Social Services
DSS**

Date _____

Case Number _____

Name _____

Address _____

Dear _____

We've found that your household no longer qualifies for the Food and Nutrition Services you have been receiving. If your benefits ended you may reapply or provide the required information in order to receive benefits. Your benefits will:

End on _____

Reduce to _____ per month on _____

This change is being made because _____

The State regulations supporting this change are found in paragraph(s) _____ of the Food and Nutrition Services Certification Manual, or in _____

If you want a fair hearing, fill out this form, tear it off, and mail to:

Name of person requesting hearing

Telephone number where you can be reached

Use this space to tell us why you want a fair hearing
 I want to continue receiving the amount of Food and Nutrition Services I now receive until the hearing.

You have a right to a fair hearing of your case if you don't agree with our decision. You can get a fair hearing by letting your local Food and Nutrition Services Office or County Department of Social Services know you want a hearing. You can contact them either in person, by telephone, or in writing. The hearing may be requested by any member of your household or by your representative. You can be represented at the hearing by a personal representative, including an attorney you obtain. Free legal advice may be available. Contact Legal Aid of North Carolina office. Street: 224 South Dawson St. Raleigh, NC 27601. Mailing: PO Box 26087 Raleigh, NC 27611

1-866-219-5262

You can continue to receive Food and Nutrition Services at your current rate if you request a hearing by _____

You can then receive Food and Nutrition Services until your hearing is decided or your eligibility period ends, whichever comes first. If however, the hearing finds that our decision was correct,

your household will owe us the value of the Food and Nutrition Services you receive or

disqualification will be imposed following the hearing decision

You can still request a hearing after this date but you won't receive Food and Nutrition Services at your current rate.

You have 90 days from the date of this letter, that is, until _____ to ask for a hearing. If you don't ask for a hearing by this date, you can't have one.

To request a hearing, call the Food and Nutrition Services office at: _____

or fill out and return the form below.

If you want to discuss our decision or ask questions about how a fair hearing works, call the Food and Nutrition Services Office.

Sincerely,

Caseworker

Telephone Number

Address of Person Requesting Hearing

Your Signature

Today's Date

For office use only

Case Number _____ Date Notice Sent _____ Date request received _____

The Food and Nutrition Services (FNS) Program, formerly known as Food Stamps has a work requirement for some adults. **Some** adults may only receive FNS **for 3 months**, unless they are working.

YOU ARE NOT REQUIRED TO WORK TO GET FNS IF YOU ARE:

- Applying for or receiving unemployment benefits
- Getting Refugee or Work First Assistance
- A student in school at least half time
- Caring for an incapacitated person (who does not have to live with you)
- Operating a Home School at least 30 hours weekly
- Under the age of 18 or at least 50 years old
- Pregnant
- Physically or mentally unfit for work (even temporarily)
- Part of a FNS household with a child under 18 (even if the child is not eligible for FNS)
- In a drug or alcohol treatment program
- Unable to work due to Alcohol/Drug dependence (even if not in treatment)
- Homeless – Living in a Homeless Shelter or living on the street

If none of the above exceptions are met, you must be working an average of 20 hours per week, in any combination of the following:

- Paid Work (including your own business, even if you are making no money right now);
- Volunteering with a public, private or nonprofit agency such as Food Banks, Food Pantries, Schools, or Religious Organizations; or
- An approved Employment and Training (E&T) program.

If you have been denied FNS because you were not meeting the work requirement, you may be able to get FNS for at least three more months if you:

- Worked 80 hours in any 30-day period since you lost your FNS;
- Have started working, volunteering, or job training; or
- Are now unable to work or meet one of the other exceptions to the rule listed above.