

**NORTH CAROLINA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Division of Social Services  
NOTICE OF ADVERSE ACTION**

Date \_\_\_\_\_

Case Number \_\_\_\_\_

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 Stamp 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 your nearest Legal Services Office.

Name \_\_\_\_\_

You can continue to receive food stamps at your current rate if you request a hearing by

Address \_\_\_\_\_

Dear \_\_\_\_\_

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

We've found that your household no longer qualifies for the food stamp benefits you have been receiving. Your benefits will be:

Ended on \_\_\_\_\_

your household will owe us the value of the food stamp benefits you receive or

Reduced to \_\_\_\_\_ per month on

disqualification will be imposed following the hearing decision

This change is being made because \_\_\_\_\_

You can still request a hearing after this date but you won't be able to receive food stamp benefits 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.

The State regulations supporting this change are found in paragraph(s) \_\_\_\_\_ of the Food Stamp Certification Manual, or in

To request a hearing, call the food stamp office at: \_\_\_\_\_ or fillout and return the form below.

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

Sincerely,

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

\_\_\_\_\_  
Name of person requesting hearing

\_\_\_\_\_  
Address

Telephone number where you can be reached \_\_\_\_\_

Your Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

Use this space to tell us why you want a fair hearing

I want to continue receiving the amount of food stamps I now receive until the hearing.

I do **not** want to continue receiving the amount of food stamps I now receive until the hearing.

**For office use only**

Case number \_\_\_\_\_

Case Worker \_\_\_\_\_

Date notice sent \_\_\_\_\_

Date request received \_\_\_\_\_