

DSS Street Address:  
\_\_\_\_\_  
\_\_\_\_\_

Case Identifier: \_\_\_\_\_  
Worker: \_\_\_\_\_  
Date Generated: \_\_\_\_\_  
Due Date: \_\_\_\_\_

DSS Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

Client Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

**North Carolina Department of Health and Human Services  
Division of Social Services (DSS)**

**SIMPLIFIED NUTRITIONAL ASSISTANCE PROGRAM (SNAP) NOTICE OF EXPIRATION**

**How Do I Get Help?**

Please tell us if you need assistance because you do not speak English or have a disability. Free language assistance and/or other aids and services are available upon request. To receive free interpreter services, call 866-719-0141 or call your local DSS office at \_\_\_\_\_. After the recorded message, you will reach an operator who can provide you with an interpreter. If you have a disability and need communication assistance, call 866-719-0141 or Relay Services:711.

**Why Am I Receiving This Notice?**

We are writing to tell you that your Food and Nutrition Services will stop after \_\_\_\_\_ unless you or your representative complete this application and return it to your local Department of Social Services by \_\_\_\_\_. **ATTENTION: You may complete your recertification online at <https://epass.nc.gov/CitizenPortal/application.do> if you have an NCID and Linked Account. Contact your caseworker for assistance with creating an NCID and linking your account.** Your benefits may stop or be late unless we receive your application by this date. You will automatically receive Food and Nutrition Services monthly if your paperwork is complete and you continue to be eligible for SNAP.

**How Do I Continue Receiving My SNAP Benefits?**

Answer the questions below, sign this letter, and send it back to us in the enclosed envelope. If you cannot complete this form you will only need to provide a signature, legible name, and address. Bring, mail to us at the above address, fax \_\_\_\_\_ your completed form. We will send you a letter to tell you if you continue to be eligible for Food and Nutrition Services.

1. Does your spouse live in the home? Yes  No   
If yes, list their name \_\_\_\_\_ and date of birth \_\_\_\_\_
2. Does anyone get Food and Nutrition Services (Food Stamps) or SNAP in another county or state?  
Yes  No  If yes, who? \_\_\_\_\_ What County or State? \_\_\_\_\_
3. How much do you pay for rent, mortgage, and/or lot rent each month? \_\_\_\_\_
4. Do other people live with you? Yes  No  If yes, how many? \_\_\_\_\_  
If yes, do you buy and cook your food separately? Yes  No
5. Are you responsible for paying any utility bills separate from your rent? If yes, check all that apply.  
 Heat  Kerosene  Fuel Oil  Electricity  Coal  Wood  Natural Gas  LP Gas  
 Telephone/Cell Phone  Water/Sewage  Garbage/Trash  Utility Excess (Public Housing)
6. Do you or anyone in your household get food from the Food Distribution Program on Indian Reservations? Yes  No
7. Do you have money won from lottery or gambling winnings? Yes  No  If yes, how much did you win? \_\_\_\_\_
8. Have you or any member of your household been convicted as an adult of aggravated sexual abuse, murder, sexual exploitation and other abuse of children, a Federal or State offense involving sexual assault, or an offense under State law determined by the Attorney General to be substantially similar to such an offense, after February 7, 2014?  
Yes  No  If yes tell us his/her name, date, type, and place of conviction: \_\_\_\_\_

**\*YOU MUST SIGN AND FILL OUT THE BOTTOM OF THIS PAGE BEFORE RETURNING\***

By signing this application, I am saying that I understand the attached form explaining the Food and Nutrition Services Program information and my rights and responsibilities. I will report lottery and/or gambling winnings in the amount of \$4,500 or more. I am aware I will lose eligibility to receive Food and Nutrition Services.

**Your Signature or**

**Authorized Representative:** \_\_\_\_\_ Date Signed \_\_\_\_\_ Phone Number \_\_\_\_\_

Witness Signature (if signature is an X) \_\_\_\_\_ Date Signed \_\_\_\_\_ Phone Number \_\_\_\_\_

**Address where you live:** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(If mailing address is different from where you live) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PLEASE READ INFORMATION ON BACK OF THIS PAGE**

**Voters Registration**

“If you are not registered to vote where you live now, would you like to apply to register to vote here 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 want to register to vote or to update your registration, you can complete a voter registration form

at [www.ncsbe.gov/nvra/01](http://www.ncsbe.gov/nvra/01), ask your caseworker or contact your local DSS for a voter registration form.

**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 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, your right to privacy in deciding whether to register or in applying to register to vote, or your right

to choose your own political party or other political preference, you may file a complaint with the North Carolina State Board of Elections, PO Box 27255, Raleigh NC 27611-7255, or you may call the toll free number, 1-866-522-4723.”

**What Happens After I Return My Application to Social Services?**

Once we receive this signed application, we will determine if you continue to be eligible for SNAP. Eligible household will not need an interview but may be contacted if application is incomplete. We will send you a letter telling you about your benefits. This letter will explain your right to request a fair hearing if you are not satisfied with our decision on your application. If you do not agree with the decision made on your case, follow the instructions on the letter to request a hearing.

**What If I Need Someone to Apply for or Use My SNAP Benefits For Me?**

If you want someone other than yourself to use, or obtain information about your benefits, please check the box below. If you check **Yes**, we will mail you a form. You and the person you want to help can complete the form and return it to our office. This person will receive an EBT card and will have access to your Food and Nutrition Services benefits.

**I need someone to help me get and use my benefits. Yes  No**

Thank you for your continued participation in the Simplified Nutritional Assistance Program (SNAP). We hope this way of receiving benefits will be easier for you and prove to be more helpful in purchasing food.

**Language Preference**

Do you want to receive your notices in a language other than English? Yes  No

If yes, what language? \_\_\_\_\_

**For Agency Use Only – Do Not Write in Space Below**

Approved  Certification Period: From \_\_\_\_\_ To \_\_\_\_\_

Denied  Reason for Denial: \_\_\_\_\_

Certification Worker Signature: \_\_\_\_\_

Date of Disposition: \_\_\_\_\_

Comments: \_\_\_\_\_

# SIMPLIFIED NUTRITIONAL ASSISTANCE PROGRAM (SNAP)

## Program Information and Your Rights and Responsibilities

### Keep This Page for Your Records

#### **What Is SNAP?**

SNAP is a simplified version of the Food and Nutrition Services Program that seeks to deliver food to older adults in a new way. Many Food and Nutrition Services Program rules do not apply. Eligible household will not need an interview but may be contacted if application is incomplete. SNAP is a project that arose from a partnership between the North Carolina Division of Social Services and the U.S. Department of Agriculture Food and Nutrition Service.

#### **Who Is Eligible?**

DSS identified and mailed applications to individuals who receive SSI, and:

- Are age 65 or older;
- Are not living in an institution;
- Live in North Carolina;
- Buy and cook food separate from other people living in the home; and
- Are not disqualified from the regular Food and Nutrition Services Program.

#### **What Am I Going to Receive?**

If you are eligible for SNAP, we will automatically deposit either \$166 or \$206 into your Food and Nutrition Services benefits account every month. The amount you receive depends on your monthly rent or mortgage amount. We will send you a plastic card called an EBT Card that you can use to purchase most food items at participating grocery stores across the State. This method of receiving benefits is called Electronic Benefits Transfer (EBT). You may allow another person to get an EBT card so that person can use your benefits to purchase food for you. After applying for the program and established eligible, you will receive an EBT card and instructions for using it.

**Note:** If your rent or mortgage expenses are more than \$150 per month, or your medical expenses are more than \$35 per month, you may qualify for more benefits by applying for the regular Food and Nutrition Services Program. If you want to apply for the regular Food and Nutrition Services Program, you or your representative must contact your local DSS agency to apply.

#### **What Are My Rights?**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

#### **DO NOT SEND RECERTIFICATIONS HERE**

1. **mail:**  
Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

#### **DO NOT SEND RECERTIFICATIONS HERE**

**(Continued)**

Program Information and Your Rights and Responsibilities

Keep This Page for Your Records

**Will My Information Be Kept Confidential?**

Federal and State laws and regulations limit the use of confidential information for applicants and recipients of the Food and Nutrition Services Program. This information is used for purposes directly related to the administration of these programs.

We use your Social Security Number (SSN) to collect information from sources other than DSS to:

- Make sure your household is eligible for benefits;
- Check the identity of household members;
- Prevent households from getting more benefits than they should; and
- Identify groups of cases that must be changed.

We do this through program reviews, audits, or computer matching with other agencies such as the Social Security Administration, Internal Revenue Service, and data matching sources.

**What Are the Penalties for Misusing My Benefits?**

- Don't hide or give wrong information on purpose to get Food and Nutrition Services Benefits.
- Don't use Food and Nutrition Services Benefits to buy non-food items like alcohol or tobacco.
- Don't use Food and Nutrition Services Benefits to buy or sell firearms, ammunition, explosives, or illegal drugs.
- Don't trade or sell your Food and Nutrition Services Benefits.
- Don't use someone else's Food and Nutrition Services Benefits for yourself.
- Don't use your Food and Nutrition Services Benefits for someone else.
- Don't use your Food and Nutrition Services Benefits to pay on any kind of credit account.

If you intentionally break any of the rules above, you may not be able to get any more Food and Nutrition Services benefits from one year to permanently and may be fined up to \$250,000 and/or jailed up to twenty years.

Giving wrong information may also mean we will reduce your benefits, or you may be required to repay benefits.