

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SOCIAL SERVICES (DSS) FOOD AND NUTRITION SERVICES (FNS)
APPROVAL OR DENIAL FOR REPLACING STOLEN ELECTRONIC BENEFITS**

DSS Street Address:

Case Number: _____

Caseworker: _____

Date Notice Sent: _____

DSS Mailing Address:

Client Name: _____

Address: _____

We are writing to tell you about the effect that your recent report of stolen benefits had on your Food and Nutrition Services benefits.

We've explained our action below:

You have a right to a fair hearing of your case if you don't agree with our decision. You can request a fair hearing by letting your local Food and Nutrition Services Office or County Department of Social Services know of your request in person, or by telephone, or in writing. The hearing may be requested by any member in your household or by your representative. You can be represented at the hearing by a personal representative, including an attorney obtained at your own expense. Free legal advice may be available. Contact your nearest Legal Services Office.

You have 90 calendar days from the date of this letter, that is until _____ to ask for a hearing. If a hearing is not requested within 90 days, you forfeit your right to appeal.

Sincerely,

Caseworker _____ Telephone Number _____