

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

**EFFECT OF CHANGE**

Date: \_\_\_\_\_

County: \_\_\_\_\_

FNS Case No. \_\_\_\_\_

Date recipient's report was received  
(when applicable):  
\_\_\_\_\_

We are writing to tell you about the effect that your recent report of a change in your circumstances had on your Food and Nutrition Services benefits. We are also sending this if there was a change in your Work First Family Assistance grant which is causing a change in your Food and Nutrition Services benefits.

Your Food and Nutrition Services allotment has been changed from \_\_\_\_\_ to \_\_\_\_\_, starting on \_\_\_\_\_

Because we could not change your records in time to give you the increased amount of your allotment in the month of \_\_\_\_\_, you will receive a supplementary allotment of \_\_\_\_\_

There has been no change in your Food and Nutrition Services allotment.

Remarks:

\_\_\_\_\_  
\_\_\_\_\_

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

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 of 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 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.

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

Sincerely,

\_\_\_\_\_  
Signature of Worker

\_\_\_\_\_  
Telephone Number