

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES  
Division of Social Services  
NOTICE OF SUSPENSION

DATE: \_\_\_\_\_  
CASE NO: \_\_\_\_\_

We are writing to tell you about the action we have taken on your Food and Nutrition Services application.

Because everyone in your Food and Nutrition Services household receives Supplemental Security Income (SSI) or at least one Food and Nutrition Services household member receives Work First Family Assistance (WFFA), your application is approved. Your household is certified from \_\_\_\_\_ to \_\_\_\_\_. However, at this time you are not entitled to receive benefits. The reason for this is:

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

You may be found eligible to receive an allotment if changes in your situation occur. These changes should be reported to your worker within 10 days of the date they occur.

You can have a fair hearing of your case if you do not agree with our decision. At the hearing, you'll have a chance to explain why you disagree. A hearing officer will decide who is right. 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 fair hearing call the Food and Nutrition Services office at \_\_\_\_\_ or fill out and return the form below. You can also call this number if you want to know more about how a fair hearing works. Free legal advice may be available. Contact your nearest Legal Services office.

Sincerely,

\_\_\_\_\_  
Eligibility Specialist

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

\_\_\_\_\_  
Date

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

For office use only: Case number: \_\_\_\_\_ ES: \_\_\_\_\_

Date notice sent: \_\_\_\_\_ Date request received: \_\_\_\_\_