

AGENCY USE ONLY

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North Carolina Division of Social Services
_____ County Department of Social Services
SIMPLIFIED NUTRITIONAL ASSISTANCE PROGRAM (SNAP)
Notice of Expiration

(Name and Address)

(DSS Name and Address)

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 _____. 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. 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. How much do you pay for rent, mortgage, and/or lot rent each month? _____
3. Do other people live with you? Yes No If yes, how many? _____
If yes, do you buy and cook your food separately? Yes No
4. Do you pay to heat your home? Yes No
Type of heat: (Circle one) *Fuel Oil* *Natural Gas* *LP Gas* *Electricity* *Wood*
Coal *Kerosene*
5. Do you or anyone in your household get food from the Food Distribution Program on Indian Reservations? Yes No

How Can I Get More Information About SNAP?

If you would like additional information, please call your local Department of Social Services at _____ or contact the CARELINE at 1-800-662-7030. We will be glad to answer your questions.

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.

X _____
Applicant Signature **Date** **Area Code and Phone Number**

X _____
Witness Signature (If signed with an "X") **Date**

PLEASE READ INFORMATION ON BACK OF THIS PAGE

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. 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? If yes, what language?

Discrimination Notice

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

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: _____
