

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

Date _____

Case Number _____

Name _____

Address _____

Dear _____

We've found that your household no longer qualifies for the Food and Nutrition Services you have been receiving. Your benefits will:

- End on _____
- Reduce to _____ per month on _____

This change is being made because

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

If you want a fair hearing, fill out this form, tear it off, and mail to:

Name of person requesting hearing

Telephone number where you can be reached

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

I want to continue receiving the amount of Food and Nutrition Services I now receive until the hearing.

For office use only

Case number

Case Worker

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

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

You can then receive Food and Nutrition Services until your hearing is decided or your eligibility period ends, whichever comes first. If however, the hearing finds that our decision was correct,

- your household will owe us the value of the Food and Nutrition Services you receive or
- disqualification will be imposed following the hearing decision

You can still request a hearing after this date but you won't receive Food and Nutrition Services at your current rate.

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 hearing, call the Food and Nutrition Services office at: _____ or fill out and return the form below.

If you want to discuss our decision or ask questions about how a fair hearing works, call the Food and Nutrition Services Office.

Sincerely,

Caseworker

Address of Person Requesting Hearing

Your Signature

Today's Date

I do not want to continue receiving the amount of Food and Nutrition Services I now receive until the hearing.

Date notice sent

Date request received