IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
AT NASHVILLE

ERIN BULL, et al., Plaintiffs, v. CLARENCE H. CARTER, in his official capacity as Commissioner of the Tennessee Department of Human Services, Defendant.	Civil Action No. 3:25-cv-00041 Class Action Chief Judge Campbell Magistrate Frensley

MOTION FOR A PRELIMINARY INJUNCTION

Plaintiffs move the Court pursuant to Rule 65 of the Federal Rules of Civil Procedure to issue a preliminary injunction without cost bond. For the reasons set forth in the accompanying Memorandum of Law in Support, Plaintiffs satisfy all of the Federal Rule of Procedure 65 factors. Plaintiffs are likely to succeed on the merits of their claims and will suffer irreparable harm if an injunction is not issued. Further, the balance of equities and the public interest favor the issuance of the injunction.

This Motion is based on the accompanying Memorandum in Support, accompanying declarations and exhibits to this Motion (Exhibits 1-33, which are itemized below) the verified allegations in the Complaint, and other evidence that may be presented to the Court prior to its ruling on this motion.

EXHIBIT NUMBER	DESCRIPTION
P-Ex. 01	Erin Bull Declaration and Attachments A-G
P-Ex. 02	Kathryn Colbert Declaration and Attachments A-I

P-Ex. 03	Tamika Davis Declaration
P-Ex. 04	Missaes Desjardins Declaration and Attachments A-F
P-Ex. 05	Emily Gugliemelli Declaration and Attachments A-L
P-Ex. 06	Trista Hubbard Declaration and Attachments A-F
P-Ex. 07	Candice Jacques Declaration and Attachments A-N
P-Ex. 08	Rez'hana Maddox Declaration and Attachments A-I
P-Ex. 09	Sheray Ominyi Declaration and Attachments A-M
P-Ex. 10	Candace Pegues Declaration
P-Ex. 11	Brandi Tapia Declaration and Attachments A-I
P-Ex. 12	The Contributor – Will Connelly Declaration
P-Ex. 13	The Contributor – Carli Tharp Declaration and Attachments A-F
P-Ex. 14	DHS-Produced 1st Quarterly Report for Fiscal Year 2024 – FFY 24 Q1 FNS-366B
P-Ex. 15	DHS-Produced 2d Quarterly Report for Fiscal Year 2024 – FFY 24 Q2 FNS-366B
P-Ex. 16	DHS-Produced 3d Quarterly Report for Fiscal Year 2024 – FFY Q3 FNS-366B
P-Ex. 17	DHS-Produced 4th Quarterly Report for Fiscal Year 2025 – FFY 24 FNS-366B
P-Ex. 18	DHS-Produced SNAP Denials and Terminations since Jan. 1 2024 as of Oct. 8, 2024
P-Ex. 19	DHS-Produced Response to TN Application Processing Timeliness Corrective Action Plan – TN APT CAP 2024.11.01 - FINAL
P-Ex. 20	DHS-Produced Recertification PAR Director Letter and Report for Fiscal Year 2024 – FFY 24 Recert PAR Director Letter and Report – 2024.07.01
P-Ex. 21	DHS-Produced ME Director Letter and Report – FFY-24 ME Director Letter and Report 2024.1015
P-Ex. 22	DHS-Produced FAIR HEARINGS 6.1.24 TO 10.14.24

P-Ex. 23	DHS-Produced OTHER DISPOSITIONS 6.1.24 TO 9.30.24
P-Ex. 24	DHS-Produced TOTAL AVG NUMBER OF DAYS ALL APPEAL DISPOSITIONS
P-Ex. 25	Plaintiffs' Sorted Excel from DHS Produced OTHER DISPOSITIONS 6.1.24 TO 9.30.24 (P-Ex. 23A)
P-Ex. 26	Plaintiffs' Sorted Excel from DHS Produced OTHER DISPOSITIONS 6.1.24 TO 9.30.24 (P-Ex. 23A) – by "Not Accepted"
P-Ex. 27	Plaintiffs' Sorted Excel from DHS Produced FAIR HEARING 6.1.24 to 10.14.24 (P-Ex. 22A)
P-Ex. 28	Video Placeholder and Unofficial Transcript of Testimony of Defendant and Other DHS Officials on January 24, 2024 in front of Tennessee Senate Health and Welfare Committee (Produced Separately Consistent with Administrative Order 205)
P-Ex. 29	DHS Produced DHS Appeal and Fair Hearing Policy
P-Ex. 30	USDA FNS Memo to State Agencies re APT Rate Escalation – 8 1 24 Update
P-Ex. 31	FNS Application Processing Timeliness Rates for Fiscal Years 2012-2023 (excluding Fiscal Years 2020 and 2021 when data was not collected during the COVID-19 health emergency)
P-Ex. 32	Notice of Decision containing "This household does not meet eligibility criteria" as reason for denial.
P-Ex. 33	Initial Order from Notice of Decision in P-Ex. 32

Plaintiffs respectfully request that this Court grant the following relief:

Pursuant to Federal Rules of Procedure 23 and 65, preliminarily enjoin Defendant, without cost bond, as follows:

(1) As to the Application Delay Class or otherwise, preliminarily enjoin Defendant to, within 45 days:

(a) Send a notice of delay in conformity with 7 C.F.R. § 273.(h) to each class member whose initial or recertification application is not processed within 30 days. If the delay has been caused by DHS, the notice should state that the delay in

processing the class member's application is in violation of federal law, that the class member can immediately file a delayed application appeal, and that the class member may have additional remedies under federal Civil Rights laws and may consult an attorney for more information regarding such remedies;

(b) Pursuant to 7 C.F.R. § 273.15(d), notify class members who are denied expedited services that, in addition to their right to appeal the denial to a fair hearing, they may dispute the denial and seek informal resolution at an agency conference;

(c) Submit and, following court-approval, implement a remedial plan to ensure the timely, reliable processing of initial and recertification applications; and

(d) Submit, for the duration of any preliminary injunction, monthly reports to Plaintiffs' counsel containing:

1. The number of overdue initial normal applications;

2. The number of overdue initial expedited applications;

3. The number of overdue recertification applications;

4. The SNAP FNS APT rate and supporting data;

5. The SNAP State APT rate and supporting data;

6. The number of timely application decisions, by type of disposition; and

7. The number of untimely application decisions, by type of disposition;

(2) As to the Appeals Delay Class, preliminarily enjoin Defendant as follows:

(a) Within 10 days, affirmatively state on its "Yellow Appeal Notice" that an appellant has a right to a written decision within 60 days of filing;

(b) Within 10 days, send to class members whose appeals are pending 60 days without a written decision a notice stating "DHS is in violation of your right to a timely decision under 7 U.S.C. § 2020(e)(2), (e)(10) and implementing federal regulations. You may have remedies under federal Civil Rights laws. If you want more information regarding your rights and remedies, you may consult an attorney;"

(c) Continue benefits pursuant to 7 C.F.R. § 273.15(k)t to all class members for the remainder of the certification period, unless a household specifically waives continuation of benefits;

(d) Submit, for the duration of any preliminary injunction, monthly reports to Plaintiffs' counsel containing:

1. The number of SNAP appeals requested;

2. The number of SNAP hearings held;

3. The number of SNAP decisions overdue; and

4. The number of SNAP appeals by type of disposition;

(e) Submit and, upon court approval, implement a remedial plan to ensure the timely issuance of written decisions on SNAP appeals and prompt implementation of decisions in appellants' favor.

(3) As to the Restoration of Lost Benefits class, preliminarily enjoin Defendant as follows:

(a) within five days, grant a fair hearing to any SNAP participant who within one year of an adverse DHS action resulting in the loss of SNAP benefits submits an appeal seeking restoration of such benefits;

(b) Within 10 days, modify DHS notices of the right to appeal to inform SNAP participants of their right, pursuant to 7 C.F.R. §§ 273.15(g) and (j)(1) and 273.17, to a fair hearing to seek restoration of lost benefits; and

(c) Submit, for the duration of any preliminary injunction, monthly reports to Plaintiffs' counsel containing:

1. The number of SNAP appeals submitted beyond 90 days from the date of adverse DHS action;

2. The number of such appeals denied as untimely or not accepted; and

3. For each such denied appeal, the number of days that had lapsed between the date of adverse action and submission of the appeal.

(4) Preliminarily enjoin the Defendant to modify DHS SNAP notices within 45 days as follows:

(a) Provide individuals timely notice informing them in easily understandable language of the reasons for the denial, reduction or termination of SNAP benefits, and to do so with sufficient clarity to enable them to make informed decisions whether to file administrative appeals contesting the Defendant's decision;

(b) Cease and desist use of the statement "The household does not meet eligibility criteria" or substantially similar words in DHS Notices of Decision as the sole explanation for a termination or denial of SNAP eligibility;

(c) Revise its notices as necessary to effectively inform Class members, in understandable language, of their responsibility to report changes and how to do so;

(d) Cease and desist sending notices of the work and reporting obligations of Able-|Bodied Adults without Dependents (ABAWD) to individuals who are exempt from such obligations;

(e) Cease and desist sending notices to SNAP applicants that their applications are denied for failure or refusal to cooperate in establishing eligibility, failure to complete an interview or failure to provide requested verification, without first determining, in compliance with 7 C.F.R. §§ 273.2(d)(1), 273.3(h)(1), 273.10(g), 273.13, 273.14(e), and 273.15, that such notice accurately attributes fault to the household;

(f) Cease and desist sending notices to SNAP applicants that their applications are denied for being over the income limit for SNAP without also notifying the applicant as to the amount of income that DHS believes that the applicant has and the source of such information;

(g) Notify all present or former SNAP participants who are currently under sanctions for failure to timely report changes and who have not received a fair hearing to contest such sanctions, that they may request a fair hearing to contest the sanctions, if they did not understand their obligation to report changes affecting their SNAP eligibility; and

(h) Preliminarily enjoin the Defendant to submit within 30 days for Court review all notices or notice revisions, including any standardized text explaining the reasons for the denial, reduction or termination of SNAP benefits, that DHS is required by the preliminary injunction to implement.

Defendant has indicated through counsel that he opposes this motion.

January 24, 2025

Respectfully submitted,

/s Brant Harrell

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CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing document has been served via the Court's electronic records system (CM/ECF) on this the 24th day of January 2025 to the counsel listed below:

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Defendant.

Civil Action No. 3:25-cv-00041

Class Action

Chief Judge Campbell

Magistrate Frensley

MEMORANDUM OF LAW IN SUPPORT OF PLAINTIFFS' MOTION FOR A PRELIMINARY INJUNCTION

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Plaintiffs submit this memorandum of law in support of their motion for a preliminary injunction under Federal Rule of Civil Procedure 65(a). The proposed injunctive relief requires DHS to: develop a compliance plan, comply with its existing obligations under federal law, and report on its progress.

PRELIMINARY STATEMENT

Plaintiffs seek preliminary relief in this action because thousands of people in the state of Tennessee do not have enough food. Their hunger is exacerbated by Defendant continuously failing to comply with federal law. Food is, of course, essential to human life. For people with low incomes, food stamps are the only consistent, reliable source of food available to them. Food stamps help secure the most basic need for those with the greatest need. Delays and interruptions in receipt of food stamps amount to a "deprivation of this basic human need," which is "extremely serious" and "quite likely to impose lingering, if not irreversible, hardships upon recipients." *Haskins v. Stanton*, 621 F. Supp. 622, 627 (N.D. Ind. 1985), *aff'd*, 794 F.2d 1273 (7th Cir. 1986). "[S]uffering months of delay in receiving the income on which one has depended for the very necessities of life cannot be fully remedied by the 'belated restoration of back benefits.' " *Schweiker v. Chilicky*, 487 U.S. 412, 428 (1988). "[T]he denial of public benefits to such individuals unquestionably constitutes irreparable harm." *Booth v. McManaman*, 830 F. Supp. 2d 1037, 1043 (D. Haw. 2011).

The SNAP Act (f/k/a the Food Stamp Act) was expressly designed to combat hunger and malnutrition, 7 U.S.C. § 2011, and requires adherence to strict timeliness. It requires "full compliance absent what is hoped will be minimum human error." *Robertson v. Jackson*, 766 F. Supp. 470, 476 (E.D. Va. 1991); *see also Haskins*, 794 F. Supp. 2d at 1277 (noting that the statutory text "literally requires strict compliance with its provisions"). "There is no exception in the [A]ct or its legislative history . . . for bureaucratic difficulties or administrative backlog," *Hess v.*

Hughes, 500 F. Supp. 1054, 1059 (D. Md. 1980), and a "[l]ack of resources and lack of bad faith on the part of the agency officials is no excuse for failing to provide the plaintiffs their statutory entitlements," *Robertson*, 766 F. Supp. at 476. "The fact that absolutely perfect compliance is unattainable does not of itself preclude an injunction requiring the state to comply with the regulations." *Withrow v. Concannon*, 942 F.2d 1385, 1388 (9th Cir. 1991).

DHS has a long-running practice of failing to process food stamp applications and administrative appeals in compliance with its timing obligations under the federal law. As a result, Plaintiffs and other individuals are going hungry, suffering from malnutrition, foregoing payment on bills and medications, or facing other indignities like eviction, foreclosure, or bankruptcy. A preliminary injunction should be issued, as it has been in numerous other states, to bring DHS into compliance with its obligations under federal law. *See* Order Regarding Mot. for Prelim. Inj., *Kamkoff v. Hedberg*, No. 3:23-cv-00044-SLG (D. Alaska Dec. 31, 2024), ECF No. 77; *Haskins*, 621 F. Supp. at 622; *Harley v. Lyng*, 653 F. Supp. 266 (E.D. Pa. 1986); *Booth*, 830 F. Supp. 2d at 1037; *MKB v. Eggleston*, 445 F. Supp. 2d 400, 442 (S.D.N.Y. 2006).

The factors courts look to when determining whether a preliminary injunction under Federal Rule of Civil Procedure 65 ("Rule 65") are satisfied. Without an injunction, proposed class members and individuals that Plaintiff Contributor serves face irreparable harm in the form of hunger, malnutrition, and financial hardship. The balance of equities and public interest favor protecting the health of these Tennesseans and the public health of the state. Preliminary injunctive relief against DHS largely requires the agency to perform acts which the SNAP Act already forces a state to do as a condition of the State's receipt of SNAP benefits. *See Haskins*, 621 F. Supp. at 629. Plaintiffs' requested injunction is sufficiently detailed, and no security is warranted. Relief should be granted.

LEGAL STANDARD

The Court has broad equitable power to grant class-wide preliminary injunctive relief before ruling on class certification. *See McNeil v. Cmty. Prob. Servs., LLC*, No. 18-CV-00033, 2019 WL 633012, at *16 (M.D. Tenn. Feb. 14, 2019) (collecting cases), *aff'd*, 945 F.3d 991 (6th Cir. 2019). Plaintiffs merit a preliminary injunction because (1) they are "likely to suffer irreparable harm in the absence of preliminary relief;" (2) they are "likely to succeed on the merits;" (3) "the balance of the equities tips in [their] favor;" and (4) an "injunction is in the public interest." *Obama for Am. v. Husted*, 697 F.3d 423, 428 (6th Cir. 2012) (quoting *Winter v. Nat. Res. Def. Council, Inc.*, 555 U.S. 7, 20 (2008)). "The third and fourth factors . . . 'merge when the Government is the opposing party.' " *Nashville Cmty. Bail Fund v. Gentry*, 446 F. Supp. 3d 282, 304 (M.D. Tenn. 2020) (quoting *Nken v. Holder*, 556 U.S. 418, 435 (2009)). The same standard applies to both prohibitive and mandatory injunctions. *United Food & Com. Workers Union, Local 1099 v. Sw. Ohio Reg'l Transit Auth.*, 163 F.3d 341, 348 (6th Cir. 1998); *Robinson v. Purkey*, No. 3:17–cv–1263, 2017 WL 4418134, at *6 (M.D. Tenn. Oct. 5, 2017).

The Sixth Circuit has "often cautioned that these are factors to be balanced, not prerequisites to be met." *S. Glazer's Distribs. of Ohio, LLC v. Great Lakes Brewing Co.*, 860 F.3d 844, 849 (6th Cir. 2017). "As long as there is some likelihood of success on the merits, these factors are to be balanced, rather than tallied." *Hall v. Edgewood Partners Ins. Ctr., Inc.*, 878 F.3d 524, 527 (6th Cir. 2017).

ARGUMENT

Each Rule 65 factor weighs in favor of Plaintiffs. A preliminary injunction should issue.

I. Plaintiffs Are Likely to Succeed on Their Claims

Plaintiffs are likely to prevail on the merits because Defendant has a long-standing practice of failing to comply with the mandates of federal law. "At the preliminary injunction stage, a

plaintiff must show more than a mere possibility of success, but need not prove his case in full." *Ne. Ohio Coal. for Homeless v. Husted*, 696 F.3d 580, 591 (6th Cir. 2012) (quotation marks omitted). Preliminary injunctive relief is warranted where a court can "satisfy itself, not that the plaintiff certainly has a right, but that he has a fair question to raise as to the existence of such a right." *Brandeis Machinery & Supply Corp. v. Barber-Greene Co.*, 503 F.2d 503, 505 (6th Cir. 1974) (citation omitted). Accordingly, "the standard that must be met in order to establish the requisite likelihood of success on the merits is not a particularly stringent one." *Riverside Park Realty Co. v. FDIC*, 465 F. Supp. 305, 310 (M.D. Tenn. 1978).

The SNAP Act itself requires "full compliance absent what is hoped will be minimum human error[,]" *Robertson*, 766 F. Supp. at 476. And bureaucratic difficulties, administrative backlog, lack of resources, lack of bad faith, or lack of staff is no defense to failing to meet the requirements of federal law. *Hess*, 500 F. Supp. at 1059; *Robertson*, 766 F. Supp. at 476.

A. Plaintiffs' Federal Rights Are Privately Enforceable.

The Due Process Clause to the Fourteenth Amendment is privately enforceable. *See, e.g.*, *Mathews v. Eldridge*, 424 U.S. 319, 335 (1976). Further, numerous federal courts have recognized that the underlying statutory causes of action under the SNAP Act are privately enforceable under 42 U.S.C. § 1983. The Sixth Circuit has likewise recognized the SNAP Act's right to food assistance for eligible households and written decision timeliness and notice sections are privately enforceable. *See Barry v. Lyon*, 834 F.3d 706, 717 (6th Cir. 2016) (citing 7 U.S.C. §§ 2014, 2020(e)(10)). Further, all known circuit or district courts to have addressed the question have either expressly or implicitly held that the timeliness mandates in the SNAP Act are privately

enforceable.[1]

B. Defendant Has Failed to Satisfy Timeliness Obligations.

Plaintiffs have significant evidence that Defendant is failing to meet its obligations under the SNAP Act. Federal law concerning SNAP timeliness requirements "requires *full* compliance absent what is hoped will be minimum human error." *Robertson*, 766 F. Supp. at 476 (emphasis in original) (applications); *see Withrow*, 942 F.2d at 1388 (administrative appeal written decisions); *see also Haskins*, 794 F.2d at 1277 (noting statutory text "literally requires strict compliance with its provisions"); *Garnett v. Zeilinger*, 313 F. Supp. 3d 147, 155 (D.D.C. 2018), *vacated*, 485 F. Supp. 3d 206 (D.D.C. 2020), *appeal dismissed*, 2024 WL 1430702 (D.C. Cir. Apr. 1, 2024) (referring to the "[r]equirement for absolute compliance with the timelines for processing" as "flow[ing] directly from the statutory text itself"). And "[t]here is no exception in the [A]ct or its legislative history . . . for bureaucratic difficulties or administrative backlog." (citations omitted). *Hess*, 500 F. Supp. at 1059 (referring to original 1964 Food Stamp Act enactment and 1977 amendments, which 2008 amendments did not change).

DHS has systemically failed to meet its application timeliness obligations. Between July 1 and September 30, 2024, the most recent period for which publicly available data are available, DHS had *8,576 overdue* initial regular applications, *7,363 overdue* initial expedited applications, and *2,646 overdue* recertification applications, that were eventually approved for SNAP benefits. P-Ex. 17A.

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[1] *See, e.g.*, *Briggs v. Bremby*, 792 F.3d 239, 241-45 (2d Cir. 2015) (citing 7 U.S.C. § 2020(e)(3), (e)(9)); *Haskins*, 794 F.2d at 1274; *Garnett v. Zeilinger*, 301 F. Supp. 3d 199, 211-12 (D.D.C. 2018); *Melanie K. v. Horton*, No. 1:14-cv-710-WSD, 2015 WL 1308368, at *9-14 (N.D. Ga. Mar. 23, 2015); *Booth v. McManaman*, 830 F. Supp. 2d at 1040; *Leiting-Hall v. Winterer*, No. 4:14CV3155, 2015 U.S. Dist. LEXIS 41961, *8-18 (D. Neb. Feb. 11, 2015), *adopted*, 2015 U.S. Dist. LEXIS 41963 (Mar. 31, 2015); *Harley*, 653 F. Supp. at 277; *Robertson*, 766 F. Supp. at 476; *Robidoux v. Kitchel*, 876 F. Supp. 575, 579 (D. Vt. 1995).

One of the ways that USDA ("FNS") measures timeliness is through the application processing timeliness rate ("APT"). *See* P-Ex. 30A. FNS calculates APT rates for states based on Quality Control data ("FNS APT Rate"). *Id.* The FNS APT rate is calculated using the formula below:

$$\textbf{FNS APT Rate} = \frac{\text{\# Applications Approved Timely of QC Sample}}{\text{Total Applications Approved of QC Sample}} \times 100$$

Id. at 3.

States also submit their own calculated APT rates, *id*. at 3, which are not subject to audit by FNS. FNS considers the FNS APT rate more reliable than the State-reported rate and an APT rate of 95% and above to be acceptable performance. *See* P-Ex. 30A at 3-4. Tennessee's most recently calculated annual APT rate (2023) was *70.48%*—the lowest APT rate recorded between 2012 and 2023. P-Ex. 31A at 11. And while the State has claimed a miraculous turnaround of up to 91% for its monthly state-reported APT rate as of September 2024, the numbers for 2024, *based on the state QC data used to calculate the more reliable FNS APT rate*, show DHS's APT rate is not better. P-Ex. 19A at 1. Rather, the QC data indicates DHS's APT rate is actually much worse than the 2023 annual figure. *Id.* Based on the most recent QC data, DHS's APT rate was *45%* in January 2024, *43%* in February 2024, *24%* in March 2024, *41%* in April 2024, and *42%* in May 2024. *Id.*

As troubling as these statistics are, they substantially undercount the extent of the delays that class members experience. The time lapsed from application to approval, which is the measure captured in DHS' quarterly reports, is not the same as the actual delays that applicants experience before they "receive an opportunity to participate." *Cf.* 7 C.F.R. § 273.2(e)(3). DHS itself acknowledges that it takes "7-10 business days," i.e., two calendar weeks, from the date of approval to receive a new EBT card that enables someone to actually use their SNAP benefits. P-

Ex. 13A ¶ 18. Even that understates the problem, as it generally takes longer – sometimes much longer – for a card to arrive. *Id.* Considering the minimum delay of at least seven *business* days that DHS acknowledges is required to receive an EBT card, it is an obvious impossibility for new applicants to ever receive expedited issuance within seven *calendar* days, as required by federal law. *See* 7 U.S.C. § 2020(e)(9); 7 C.F.R. § 273.2(i)(1), (4). Even applicants who already have EBT cards rarely receive expedited issuance of benefits within that period. P-Ex. 13A ¶ 21 (stating "Almost none of my vendors who have qualified for expedited issuance of SNAP benefits have received them within seven calendar days.").

DHS failed to process the applications of Plaintiffs Tamika Davis and Candace Pegues, among others, on time. P-Ex. 3A; Compl. ¶¶ 101-107; P-Ex. 10A; ¶¶ 219-226. This failure caused harm. As a result of untimely processing, Ms. Pegues fell behind on rent, missed meals, and had to buy cheaper and less nutritious food which inflamed her hyperthyroidism condition. P-Ex.10A; Compl. ¶¶ 225-26. Already homeless, untimely processing of Ms. Davis's application exacerbated her housing insecurity. *See* P-Ex. 3A; Compl. ¶¶ 102-04.

Likewise, DHS has systemically failed to meet its obligation to issue written decisions in SNAP administrative appeals within 60 days of appeal, as required by 7 U.S.C. § 2020(e)(10); 7 C.F.R. § 273.15(c)(1). From July 1 – September 30, 2024, the most recent period for which data is publicly available, DHS had *7,437* written decisions from DHS SNAP administrative appeals that were overdue. P-Ex. 17A. Other DHS-produced data tells a similar story. DHS's own data shows that:

- the total average days to disposition for fair hearings occurring between June 1 and October 14, 2024 was *137.8 days* (P-Ex. 22A);

- over *5,000* of the hearings that took place between June 1, 2024 and October 14, 2024 were disposed of *after* 60 days (*id.*) (calculated by counting number of appeals with days to disposition above 60 days);
- only around *300* appeals that proceeded to fair hearing were disposed of within 60 days; (*id.*) (calculated by counting number of appeals with days to disposition at or below 60 days);
- *722* appeals that proceeded to fair hearing between June 1 and October 14, 2024 were decided after *150* days (P-Ex. 27A (sorting all appeals in P-Ex. 22A greater than or equal to 150 days for days to disposition).

The experiences of Plaintiffs are also illustrative. Plaintiff Trista Hubbard waited *166* days for a written decision on her appeal that resulted in DHS's paying her $3,380 in back SNAP benefits. P-Ex. 6A; P-Ex. 6D at 7 (showing March 7, 2024 appeal date); P-Ex. 6E; P-Ex. 6F; Compl. ¶¶ 149-50. The hearing on Plaintiff Kathryn Colbert's appeal was first set for hearing on *146* days after her appeal. After DHS treated a Motion to Appear Telephonically as a Motion for Continuance which further delayed matters, Ms. Colbert was ultimately awarded $4,281 in SNAP benefits that were improperly withheld. P-Ex. 2A; P-Ex. 2G; P-Ex. 2H; P-Ex. 2I; P-Ex. 2J; Compl. ¶¶ 95-98. Plaintiff Brandi Tapia's hearing was first set for hearing *135* days from the date of the filing of her appeal and after a request for a brief continuance to obtain counsel, resulted in DHS awarding her $1,646 in SNAP benefits that were improperly withheld. P-Ex. 11A; P-Ex. 11D; P-Ex. 11H; P-Ex. 11I; Compl. ¶¶ 234, 238-43. Likewise, through its SNAP coordinator, Carli Tharp, The Contributor has assisted its vendors in nearly a dozen fair hearings that took place more than 60 days after the vendor's appeal was filed. The Contributor's vendors won "almost all of the cases." P-Ex. 13A ¶ 26.

At the time of the filing of this lawsuit, Plaintiff Missaes Desjardins had a live appeal from October 1, 2024, P-Ex. 4D, that was not set for hearing until January 17, 2025. Plaintiff Erin Bull, likewise, has an unresolved appeal that has been delayed beyond 60 days. P-Ex. 1F. Still others have unresolved appeals that are currently in DHS's appeals processing quagmire, P-Ex. 5L; P-Ex 8I; P-Ex. 9L,—a process that currently receives more than twice the number of requests for fair hearings than it holds during the same period. P-Ex.-17A (showing 9,495 hearings requested and 4,248 hearings held between July and September 2024).

C. Defendant Deprives Members of Hearings and Adequate Notice Rights.

Plaintiffs are also likely to succeed on the merits of their hearing-rights based claims. DHS is required to grant fair hearings to individuals who have lost benefits and request restoration of their lost benefits within one year of the adverse action that caused their loss. *See* 7 C.F.R. § 273.15(j)(1); 7 C.F.R. § 273.17. But this does not happen. Ms. Candice Jacques submitted an appeal for an underissuance or denial of SNAP benefits after 90 days, P-Ex. 7L, and despite a request for a hearing (*id.*), was denied a hearing on her lost benefits by DHS. P-Ex. 7N. And DHS's own policies on fair hearings do not provide for a mechanism for an individual to receive a hearing on the restoration of lost benefits. Indeed, the DHS fair hearing policy does not provide for any mechanism for granting hearings after 90 days. P-Ex. 29A at 1-2.

Plaintiffs are also likely to succeed on the merits of their notice-based claims. As a matter of constitutional due process under the 14th Amendment and statutory due process under the SNAP Act, individuals facing a reduction, denial, or termination of benefits must be provided sufficient information as to the reason for the agency's decision so that the individual can decide to acquiesce or contest the agency's decision. *Mullane v. Cent. Hanover Bank & Trust*, 339 U.S. 306, 314 (1950); 7 U.S.C. § 2020(e)(10); 7 C.F.R. § 273.13(a)(2). Adequate notice, for purposes of due process, must "inform a recipient of the precise questions raised about his continued

eligibility" and state "the legal and factual bases" for the State's action. *Goldberg v. Kelly*, 397 U.S. 254, 268 (1970). DHS's notices do not do this.

First, DHS is prohibited from denying eligibility to an applicant for refusal to cooperate without a finding that a missed interview was the result of the applicant's refusal, rather than the mere failure, to cooperate. 7 C.F.R. § 273.2(d)(1). DHS, however, routinely sends out Notices of Decision that fail to meet this requirement. DHS regularly sends Notices of Decision with application denials "for failure *or* refusal to cooperate," which does not distinguish between the two acts. P-Ex. 13D; P-Ex. 1E at 3; P-Ex. 5B at 3; P-Ex. 9D at 4. Such notices are also often sent to individuals who were or are cooperating. P-Ex. 13D; P-Ex. 1E at 3; P-Ex. 5B at 3; P-Ex. 9D at 4. Indeed, in response to a public records request, DHS confirmed that the number one reason for a denial, which was used *95,826* times by DHS between January 1, 2024 and October 8, 2024, was "Failed To Keep Application Appointment" without any specific reference to or substantiation of the individual's *refusal* to keep an application appointment. *See* P-Ex. 18A at 2 (showing 83,343 count for "Failed to Keep Application Appointment" without all capitalization and 12,483 with all capitalization).

Second, DHS uses stock notices denying SNAP applications contain little useful explanation why DHS has found the person ineligible. As an example, DHS has used a stock notice with the sole denial reason listed as "Your household does not meet eligibility requirements," P-Ex. 32A, that even a DHS administrative judge has stated provides insufficient detail. P-Ex. 33A at 4-5. And this is not an isolated occurence. DHS's own records show that it used this conclusory reason for denial was used *13,340* times between January 1 and October 8, 2024. P-Ex. 18A. Elsewhere, the agency has listed "Your income exceeds the income limit for SNAP" as the sole explanation for a subset of DHS's SNAP denial decisions. P-Ex. 13A at ¶ 25; P-Ex. 13E. This

reason provides no meaningful information on which the individual could decide whether to contest or acquiesce to the agency's decision. The Contributor has assisted clients who have received such notices, which do not provide enough information to decide whether to contest or acquiesce to DHS's decision on income calculation. P-Ex. 13A at ¶ 25; P-Ex. 13E. DHS's own records show that this was used *40,361* times to deny application between January 1 and October 8, 2024. P-Ex. 18A. These vague denials, on their face, are insufficient, as multiple courts examining similar generic boilerplate language have held.[2]

Third, as part of every SNAP approval, DHS provides a generic notice about individuals' reporting obligations. Different households face different reporting obligations based on whether they are classified by DHS as a simplified reporting household or a non-simplified reporting household. DHS's notice, however, do not provide individuals with any indication as to whether they are subject to simplified reporting or not. P-Ex. 13A at ¶ 23; P-Ex. 13D. At best, the notices leave individuals confused, fearful and ignorant of their rights and obligations. P-Ex. 13A Terminating a beneficiary without first informing the beneficiary as to his or her obligations violates Due Process. *See Barry v. Lyon*, 834 F.3d at 719-20.

Fourth, when DHS does approve applications, it routinely sends notices that inform applicants of their obligation to meet certain work requirements based on their classification as Able-Bodied Adults without Dependents (ABAWD). These boilerplate notices routinely go to people to whom the requirement does not apply, such as those who are unhoused and exempt from the working requirement. That such individuals are exempt from the working requirement is clear

[2] *In re Gault*, 387 U.S. 1, 33 (1967) ("Notice, to comply with due process requirements . . . must set forth the alleged misconduct with particularity.") (internal quotation marks and citation omitted); *Barry v. Lyon*, 834 F.3d 706, 719-21 (6th Cir. 2016); *Febus v. Gallant*, 866 F. Supp. 45 (D. Mass. 1994); *Ortiz v. Eichler*, 616 F. Supp. 1046 (D. Del. 1985), *aff'd*, 794 F.2d 889 (3d Cir. 1986).

from the face of their applications, yet DHS fails provide them with accurate notices. P-Ex. 13A ¶ 22; P-Ex. 13B. Like the confusing "Simplified Reporting" notices, these ABAWD notices sow needless confusion and concern for individuals, and they waste the limited resources of The Contributor. P-Ex. 13A ¶ 22; P-Ex. 13B.

II. Plaintiffs Will Suffer Irreparable Harm Without an Injunction

Without an injunction, Plaintiffs are suffering irreparable harm. Access to food stamps means access to food for many indigent households and without SNAP benefits, these households will suffer from hunger and malnutrition. And as numerous courts have found, delays, interruptions, and denials in food stamps amount to irreparable harm. *Haskins*, 621 F. Supp. at 627; *Booth*, 830 F.Supp.2d at 1043; *Harley*, 653 F. Supp. at 273 (stating waiting more than "thirty days without aid could mean hunger, malnutrition, or even starvation . . . ").

The consequences for DHS's delay are grave. As a result of delays in the application or appeals process, individuals have gone hungry, skipped meals, foregone payment on other bills and medication, been evicted, been subject to foreclosure, filed for bankruptcy, and had their credit scores lowered.

As a result of untimely processing, Ms. Pegues missed meals, fell behind on rent, had to buy cheaper/more unhealthy food, which exacerbated her hyperthyroidism condition. P-Ex.10A; Compl. ¶¶ 225-26. Likewise, untimely processing of Ms. Davis's application prolonged and worsened her housing problems. *See* P-Ex. 3A; Compl. ¶¶ 102-04.

Kathryn Colbert, Emily Gugliemelli, Trista Hubbard, and Brandi Tapia all filed SNAP appeals asserting DHS processed their eligibility for benefits incorrectly, P-Ex. 2D; P-Ex. 5G; *see* P-Ex. 6D; P-Ex 11D, had hearings that were first set well after DHS's 60 day deadline for the issuance of written decisions, P-Ex. 2G; P-Ex. 5I; P-Ex. 6D; P-Ex. 11H, ultimately received back SNAP benefits from DHS, P-Ex. 2J; P-Ex. 5K; P-Ex. 6F; P-Ex. 11I, and experienced harm from

the delay, P-Ex. 2A; P-Ex. 5A; P-Ex. 6A; P-Ex. 11A. Delays in receiving SNAP benefits, which DHS wrongfully withheld, caused Plaintiffs to suffer a host of harms, including bankruptcy, P-Ex. 6A; Compl. ¶¶ 151-52, car repossession, P-Ex. 6A; Compl. ¶¶ 151-52, utility shut off, P-Ex. 6A; Compl. ¶¶ 151-52, exhaustion of TANF benefits to pay for food, P-Ex. 2A; Compl. ¶ 99, meal skipping, P-Ex. 2A; Compl. ¶ 99, eviction, P-Ex. 11A; Compl. ¶ 244, homelessness, P-Ex. 2A; Compl. ¶ 99, depletion of savings, P-Ex. 5A; Compl. ¶ 135, and health problems, P-Ex. 5A; Compl. ¶ 135, among others.

Likewise, Ms. Jacques submitted an appeal for an under-issuance or denial of SNAP benefits after 90 days, P-Ex. 7L, and despite a request for a hearing, *id*., was denied a hearing on her lost benefits by DHS. P-Ex. 7N. Without SNAP benefits, Ms. Jacques was forced to forgo payment on other bills to pay for food that would have otherwise been paid for with SNAP benefits. P-Ex. 7A; Compl. ¶ 176. As a result, Ms. Jacques could not pay her cell phone or electric bill and lost service for several days. Because Ms. Jacques faced financial instability and uncertainty around if or when she and her family would receive SNAP benefits, she eventually was forced out of her home and had to move into low-income housing. P-Ex. 7A; Compl. ¶ 176.

These harms are ongoing and likely to recur. *First*, DHS data disclosed that from July to September 2024, DHS had over *8,500* standard initial applications that were approved but overdue, *7,000* expedited applications that were approved but were overdue, and over *2,500* recertification applications that were approved but overdue. P-Ex. 17A. DHS also had *7,437* overdue appeals decisions. *Id*. Further, DHS has an established policy not to grant fair hearings for appeals filed after 90 days, even if such request is a request for restoration of lost benefits. P-Ex. 29A at 1-2.

Second, each SNAP applicant is at substantial risk of suffering a delay. Those who are currently on SNAP must go through DHS's application process regularly to be recertified. The

default length of certification period in Tennessee is six months, meaning that most households go through recertification twice per year. 7 U.S.C. §§ 2012(f), 273.10(f). And while individuals who are disabled or elderly have a longer certification period of up to two years, they must still meet DHS' annual verification process and must repeatedly go through DHS' biannual recertification process for as long as they participate in the Program. 7 C.F.R. § 273.10(f)(1)

Third, members of the Appeal Delay Class are nearly certain to experience harm, since untimely decisions are the norm. DHS' own data over time, as well as recent disclosures showing that new appeals far exceed dispositions, *see* P-Ex. 17A (showing 9,495 hearings requested and 4,248 hearings held during same period), prove beyond dispute that DHS is unable or unwilling to correct the violation unless compelled to do so. Because the existence, effects and persistence of the violations are proven by DHS' own reports, DHS cannot deny Plaintiffs' need for immediate injunctive relief.

Fourth, the organizational plaintiff, The Contributor, must devote staff and other resources to helping scores of destitute newspaper vendors through the SNAP application, recertification and appeals processes each month. The organization will continue to be harmed by the ongoing DHS violations that require diversion of limited resources from its principal mission of helping unhoused people obtain stable housing. P-Ex. 12A; Compl. ¶¶ 61-68; P-Ex. 13A at ¶ 3. That prevents the organization from transitioning more people from living on the street into stable housing.

III. The Balance of Equities and Public Interest Favor Granting Relief

The equities and public interest favor enjoining Defendant. As another Court put it, "in balancing the likelihood of irreparable harm to the plaintiffs versus the injury to the defendants should an injunction be issued, it is clear that any administrative hardship to the State . . . is grossly

outweighed (assuming non-compliance by the defendants) by the obvious deleterious effect to the plaintiffs—the lack of food." *Hess*, 500 F. Supp. at 1059.

Further, temporary injunctive relief against DHS merely requires the agency to start performing acts which the SNAP Act already requires of Tennessee as a condition of the state's receipt of food stamp benefits. *See Haskins*, 621 F. Supp. at 629. To the extent that injunctive relief results in DHS's issuance of additional SNAP benefits to class members, the federal government, not the State, covers the cost of those benefits.

IV. A Preliminary Injunction Is in the Public Interest.

A preliminary injunction addressing Defendant's constitutional and statutory non-compliance is in the public interest. "It is always in the public interest to prevent the violation of a party's constitutional rights," *Libertarian Party of Ohio v. Husted*, 751 F.3d 403, 412 (6th Cir. 2014), and to guarantee "that those in financial need are not unreasonably terminated from public assistance benefits," *Watkins v. Greene Metro. Hous. Auth.*, 397 F. Supp. 3d 1103, 1110 (S.D. Ohio 2019).[3]

In a similar case involving widespread, chronic delays in the processing of Medicaid applications, Judge Todd Campbell weighed the four factors, including whether granting injunctive relief was in the public interest, and concluded that they all supported the grant of preliminary injunctive relief. *Wilson v. Gordon*, No. 3-14-1492, 2014 WL 4347807 (M.D. Tenn. Sept. 2, 2014), *aff'd*, 822 F.3d 934 (6th Cir. 2016) (preliminary injunction vacated following trial. *Wilson v. Long*, No. 3-14-1492, 2019 WL 8810351(M.D. Tenn. Jan. 23, 2019)).

[3] *See also, Soave v. Milliken*, 497 F. Supp. 254, 262 (W.D. Mich. 1980) ("Maintaining the personal dignity and stability of persons on the edge of poverty serves not only their personal interests, but the interests of the society in which they live.")

V. The Proposed Injunction Is Appropriately Tailored under Rule 65(d)(1).

Plaintiffs' proposed injunction satisfies Rule 65(d)(1)'s requirements to state the reasons why it was issued, state its terms specifically, and describe the enjoined acts "in reasonable detail." Some generality in the terms of an injunction is appropriate to avoid potential "loopholes." *Windmill Corp. v. Kelly Foods Corp.*, 76 F.3d 380 (Table), 1996 WL 33251, at *6 (6th Cir. 1996). It is sufficient that the injunctive opinion and order together clarify what conduct is enjoined. *E.g.*, *id.* at *6-7; *Barry*, 834 F.3d at 721; *Fowler v. Johnson*, No. 17-11441, 2017 WL 6540926, at *1 (E.D. Mich. Dec. 21, 2017). Plaintiffs' requested relief here is comparably tailored, enforcing constitutional and statutory obligations Defendant already owes class members. *See* 42 C.F.R. § 431.231(c) ("The agency must reinstate and continue services until a decision is rendered after a hearing if [a]ction is taken without the advance notice required[.]").

Plaintiffs' motion hews to the statutory and regulatory requirements that Defendant already is required to obey. The requested relief is appropriately tailored. It would impose notice or administrative obligations that the State has already pledged to fulfill and requests information that DHS already maintains or has available. The proposed injunction would leave no question or uncertainty as to what it requires of the Defendant. The remedial plans that Defendant would have to develop to correct DHS's noncompliance with federal timeliness standards for the processing of SNAP applications and appeals are governed by applicable federal regulations whose meaning is unambiguous. The requested notice relief specific to the Application Delay Class refers to the applicable statutory and regulatory requirements being enforced. The data that the Defendant would be required to file monthly is detailed in the motion and is of the type that DHS compiles on an ongoing basis, as is evident from the agency's response to Public Records Act requests. *See* Attachment A, Declaration of Gordon Bonnyman, Jr. (hereinafter "Bonnyman Decl.") ¶ 7; P-Ex. 14A through P-Ex.24A.

The requested notice relief specific to the Appeals Delay Class likewise refers to the relevant regulations being enforced, and the reporting requirements specify data that DHS can readily compile. The relief requested on behalf of the Restoration of Lost Benefits Class is a straightforward prohibition against the violation of a cited federal regulation, and against the misrepresentation of class members' appeal rights under that regulation. The notice modifications prescribed in the requested injunction conform to the requirements of the specific federal regulations cited in the motion.

VI. The Court Should Not Require Plaintiffs to Post Security

District courts have "discretion over whether to require the posting of security," *Moltan Co. v. Eagle-Picher Indus., Inc.*, 55 F.3d 1171, 1176 (6th Cir. 1995), and courts routinely waive security for plaintiffs with limited financial means, *e.g.*, *Wilson*, 2014 WL 4347807, at *5; *Fowler*, 2017 WL 6540926, at *2 (waiving bond because the plaintiffs "suffered injuries because of their lack of financial resources"), or because "a strong public interest is present," *FemHealth USA, Inc. v. City of Mount Juliet*, 458 F. Supp. 3d 777, 805 n.27 (M.D. Tenn. 2020). These factors support waiving a security requirement in this case.

CONCLUSION

For the foregoing reasons, the Court should grant the requested preliminary injunction.

January 24, 2025

Respectfully submitted,

/s Brant Harrell

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CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing document was served via the Court's electronic filing system on this 24th day of January, 2025 on the following counsel of record for the Defendant:

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ATTACHMENT A

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF TENNESSEE
AT NASHVILLE

ERIN BULL, et al., Plaintiffs, v. CLARENCE H. CARTER, in his official capacity as Commissioner of the Tennessee Department of Human Services, Defendant.	Civil Action No. 3:25-cv-00041 Class Action Chief Judge Campbell Magistrate Frensley

DECLARATION OF GORDON BONNYMAN IN SUPPORT OF PLAINTIFFS' MOTION FOR CLASS CERTIFICATION AND PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION

Gordon Bonnyman declares as follows:

1. I am one of the attorneys who represent the named plaintiffs and who seek to represent the Plaintiff Class and Disability Subclass in the above-captioned case.

2. I have been a member of the bar of Tennessee since 1972. I have been a member of the bar of the District Court for the Middle District of Tennessee since March 30, 1973. I was a staff attorney with the Legal Aid Society of Middle Tennessee (formerly Legal Services of Middle Tennessee, Inc.) from 1973 until January, 1996. Since January, 1996, I have practiced as a full-time attorney at the Tennessee Justice Center (TJC). I have been actively engaged in the full time practice of law in Tennessee since 1973, with the exception of a total of about one year spent working for separate legal aid/human rights programs in the Occupied West Bank of the Jordan River and in Eastern Europe. My practice has involved a broad spectrum of civil litigation at all levels of both state and federal courts.

3. The Tennessee Justice Center (TJC) is a private, nonprofit tax-exempt Tennessee

corporation established in 1996 to provide free legal assistance in civil matters to indigent residents of Tennessee. The Center is not funded by the Legal Services Corporation and is funded primarily by charitable donations and foundation grants. Clients served by TJC are indigent and are therefore unable to pay any fees for the services rendered. Leaders of Tennessee bar organizations founded TJC specifically to handle complex class actions and other matters that federally funded Legal Services and Legal Aid organizations were barred by Congress from handling after 1996.

4. I and my colleagues at TJC have extensive litigation experience representing plaintiffs in complex cases involving public benefits, most of which have been certified as class actions. *See, e.g.*, *Newsom v. Vanderbilt University*, 453 F. Supp. 403 (M.D. Tenn. 1978); *Jennings v. Alexander*, 517 F.Supp. 87 (M.D. Tenn. 1982) rev'd in part 715 F. 2d 1036, aff'd sub. nom. *Alexander v. Choate*, 469 U.S. 287, 105 S.Ct. 712, 83 L.Ed.2d 661 (1985); *Gibson v. Puett*, 630 F. Supp. 542 (M.D. Tenn. 1985); *Linton v. Commissioner*, 779 F. Supp. 925 (M.D. Tenn. 1990), affd. on other grounds 65 F3d 508 (6th Cir. 1995), cert. den. sub. nom. *St. Peter Villa v. Linton*, 517 U.S 1155, 134 L.Ed.2d 646 (1996); *Tenn. Assoc. of Health Maintenance Organizations, Inc. v. Grier*, 262 F.3d 559 (6th Cir. 2001); *Rosen v. Tenn. Comm'r of Fin. & Admin.*, 204 F. Supp. 2d 1061 (M.D. Tenn. 2001), rev'd in part and affirmed in part, 288 F.3d 918 (6th Cir. 2002) *Rosen v. Tenn. Comm'r of Fin. & Admin*., 204 F. Supp. 2d 1061 (M.D. Tenn. 2001), *Rosen v. Tenn. Comm'r of Fin. & Admin*., 280 F. Supp. 2d 743 (2002).; *Rosen v. Goetz*,410 F.3d 919 (6th Cir. 2005); *John B. v. Menke*, 176 F. Supp. 2d 786 (M.D. Tenn. 2001); J*ohn B.. v. Goetz*, 626 F.3d 356 (6th Cir. Tenn., 2010); *John B. v. Emkes*, 852 F.Supp. 2d 944 (M.D. Tenn. 2012); *John B. v. Emkes*, 852 F. Supp. 2d 957 (M.D. Tenn. 2012); *John B. v. Emkes*, 710 F.3d 394 (6th Cir. 2013); *Wilson*

v. Gordon, 822 F.3d 934 (6th Cir. 2016); and *A.M.C. v. Smith*, 2024 U.S. Dist. LEXIS 152563 (M.D. Tenn. Aug. 26, 2024). I have extensive experience handling other complex class actions outside the area of public benefits. Please see, for example, *Grubbs v. Bradley*, 552 F.Supp 1052 (M.D. Tenn. 1982), 870 F.2d 343 (6th Cir. 1989), 821 F.Supp. 496 (M.D. Tenn. 1993).

5. I am a Fellow of the American College of Trial Lawyers, where I formerly served on the Federal Civil Procedure Committee and currently serve on the Access to Justice Committee.

6. I have testified on law and policy involving public benefits before congressional committees, as well as before legislative committees in Tennessee and other states.

7. As part of TJC's due diligence for the above-referenced litigation, I issued a series of public records requests to the Department of Human Services related to DHS's SNAP application appeals, and other processes. DHS responded to the requests with a series of document productions. True and complete copies of some of DHS's documents of these documents are attached to Plaintiffs' Preliminary Injunction Motion. They include:

P-Ex. 14A	FFY 24 Q1 FNS-366B.pdf	Application Delay/Appeal Delay	DHS's 1st Quarterly Report 2024 - October to December 2023 Submitted to FNS
P-Ex. 15A	FFY 24 Q2 FNS-366B.pdf	Application/ Appeal Delay	DHS's 2nd Quarterly Report 2024 – January to March 2024 Submitted to FNS
P-Ex. 16A	FFY 24 Q3 FNS-366B.pdf	Application/ Appeal Delay	DHS's 3rd Quarterly Report 2024 – April to June 2024 Submitted to FNS
P-Ex. 17A	FFY 24 Q4 FNS-366B.pdf	Application/ Appeal Delay	DHS's 4th Quarterly Report 2024 – July to September 2024 Submitted to FNS

P-Ex. 18A	SNAP Denials and Terminations since Jan. 1. 2024 as of Oct. 8 2024 121920_FA.xlsx	Application Delay – Denial Reason (Failure to Attend Interview)	DHS's response to TJC public records request seeking list of denial and termination reasons
P-Ex. 19A	TN APT CAP 2024.11.01 - FINAL.pdf	Application Delay	DHS submitted information to USDA issued Corrective Action Plan as of November 1, 2024 concerning application timely processing
P-Ex. 20A	FFY 24 Recert PAR Director Letter and Report - 2024.07.01.pdf	Application Delay	DHS response to TJC public records request seeking correspondence from USDA about SNAP administration by DHS; Contains USDA SNAP Management Evaluation Report May 13-17, 2024 Specifically on SNAP Recertification PAR
P-Ex. 21A	FFY 24 ME Director Letter and Report - 2024.10.15.pdf	Application Delay	DHS response to TJC public records request seeking correspondence from USDA about SNAP administration by DHS; Contains USDA SNAP Management Evaluation Report August 12-16, 2024
P-Ex. 22A	FAIR HEARINGS 6.1.24 TO 10.14.24.xlsx	Appeal Delay	DHS's response to TJC public records request seeking list of SNAP programs, hearing dates, first initial order date, days to disposition, and days from hearing date to order date
P-Ex. 23A	OTHER DISPOSITIONS 6.1.24 TO 9.30.24.xlsx	Restoration of Lost Benefits	DHS's response to TJC public records request about disposition of SNAP appeals; Contains other dispositions besides those that went to fair hearings
P-Ex. 24A	TOTAL AVG NUMBER OF DAYS ALL APPEAL DISPOSITIONS.xlsx	Appeal Delay	DHS's response to TJC public records request about disposition of SNAP appeals; Contains total average number of days for all appeal dispositions.

8. From select DHS produced spreadsheets, Plaintiffs compiled a true and accurate summary of the data on two of DHS's produced spreadsheets as indicated below, which are attached to Plaintiffs' Preliminary Injunction Motion.

P-Ex. 25A	TJC Sorted Excel from DHS Produced OTHER DISPOSITIONS – 6.1.24 TO 9.30.24.xlsx Not Timely	Restoration of Lost Benefits (Summary)	TJC created summary extracted from P-Ex. 23A "Other Dispositions 6.1.24 TO 9.30.24.xls" sorted by closed as untimely
P-Ex. 26A	TJC Sorted Excel from DHS Produced OTHER DISPOSITIONS 6.1.24 TO 9.30.24 – Not Accepted	Restoration of Lost Benefits (Summary)	TJC created summary extracted from P-Ex. 23A "Other Dispositions 6.1.24 TO 9.30.24.xls" sorted by "Not Accepted"
P-Ex. 27A	2025-01-09 TJC Produced - 722 individuals No disposition on appeal after 150 days.xlsx	Appeal Delay	TJC created summary extracted from Exhibit 9 "FAIR HEARINGS 6.1.24 TO 10.14.24" sorted by disposition date being 150 days or more

9. Aside from these documents, TJC also downloaded testimony from DHS officials, including Commissioner Carter, on January 22, 2024 when these officials testified in front of the Senate Health and Welfare Committee of the Tennessee Legislature. The Legislature saves and hosts videos of Committee testimony on its website: www.capitol.tn.gov/. A true and accurate copy as well as an unofficial transcript for convenience in identifying time stamps is being submitted consistent with audio/visual evidence protocol in Administrative Order 205 for the Middle District.

P-Ex. 28A	Senate Health and Welfare Committee 1.24.24 Hearing.mp4	Appeal Number, Application Delay	Video of DHS testimony in front of Senate Health and Welfare Committee on January 24, 2024 taken from https://www.capitol.tn.gov/

10. In addition to the above, DHS has produced a number of internal policies and procedures in response to a public records request from TJC. Among the production includes DHS Policy 24.23, DHS's Policy on Appeals and Fair Hearings. A true and accurate copy of this policy is being produced as:

P-Ex. 29A	P-Ex. 29A DHS Appeals and Fair Hearings Policy	Appeal Delay	DHS Policy 24.23 concerning Appeals and Fair Hearings

11. The United States Department of Agriculture's Food and Nutrition Service, which oversees

the SNAP program at the federal level, has published guidance and statistical documents on application processing timeliness rates. A true and accurate copy of USDA guidance is being produced as:

P-Ex. 30A	P-Ex. 30A FNS Guidance on APT Rates to State Agencies 8.1.24 (corrected)	Application Delay	FNS Guidance Documents on APT Rates provided to State Agencies

This document is available online on USDA's official website: https://www.fns.usda.gov/snap/admin/improving-state-timeliness-rates-escalation-process-guidance.

12. The USDA also publishes and collects statistical information on APT rates for states on its official website: https://www.fns.usda.gov/snap/qc/timeliness. True and accurate copies of USDA published data on APT rates by states from FY 2012 to 2023[1] is set forth below:

P-Ex. 31A	P-Ex. 31A 2012 to 2023 FY APT Rates by State	Application Delay	FNS published data on state APT rates from 2012 – 2023 (excluding FY 2020 and 2021 because data was not collected during COVID-19 pandemic)

13. On July 5,2025, the Tennessee Justice Center represented a client in an administrative fair hearing before a DHS administrative judge on a SNAP appeal that had been filed on February 13, 2024. DHS introduced as evidence at the hearing an exhibit that consisted of a compilation of DHS records regarding the appellant's SNAP case. The exhibit included a February 5, 2020 DHS notice of decision informing the appellant that his SNAP case would be closed February 29, 2024. The notice gave as the only reason for termination that, "The household does not meet eligibility criteria." On July 18, 2024, the

[1] Data was not collected in FY 2020 and FY 2021 due to the COVID-19 pandemic.

administrative judge rendered a written decision on the appeal that constituted an initial order under the Tennessee Uniform Administrative Procedures Act. That decision was not contested by either party and became a final order by operation of law. True and accurate copies of the exhibit and the written decision are filed with this declaration and are designated as set forth below.

P-Ex. 32	P-Ex. 32 - Notice of Decision	Appeal Delay/ Inadequate notice	Notice of Decision Exhibit introduced by DHS at July 5, 2024 fair hearing in SNAP Appeal No. 2402355874
P-Ex. 33	P-Ex. 33 – Written decision of DHS administrative judge	Appeal Delay/ Inadequate notice	Initial/Final Order entered on July 18, 2024 in SNAP Appeal No. 2402355874

14. The Tennessee Justice Center has committed to providing the resources needed to effectively represent the class and will continue to work with other class counsel to competently investigate claims and issues as they arise.

I declare, pursuant to 28 U.S.C. 1746 and under the penalty of perjury, that the foregoing statements in this affidavit are true and correct. Executed on January 23, 2025, in Nashville, Tennessee.

s/ *Gordon Bonnyman*
Gordon Bonnyman

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing document has been served via the Court's electronic records system (CM/ECF) on this the 24th day of January 2025 to the counsel listed below:

Miranda H. Jones, Senior Assistant Attorney General
Ryan Henry, Assistant Attorney General
Matthew Dowty, Senior Assistant Attorney General
Office of the Tennessee Attorney General
P.O. Box 20207
Nashville, TN 37202-0207

/s Brant Harrell
Brant Harrell

P-Ex. 1

DECLARATION OF ERIN BULL

Pursuant to 28 U.S.C. § 1746, Erin Bull declares as follows:

1. I am one of the named plaintiffs in the above-referenced action.

2. I know the factual allegations made in the Complaint about me and my family.

Those allegations are truthful.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at Cleveland, Tennessee on this 31st day of December 2024.

Respectfully submitted,

Erin Bull (Dec 31, 2024 13:10 EST)

Erin Bull

Tennessee Department of Human Services
FAMILY ASSISTANCE APPLICATIONS

We will take your application with only your name, address, and signature. But the more you tell us, the faster we can see if you can get help. If you are approved, your benefits may start from the date we receive your application. In most cases you will need to talk with a TDHS worker to complete the application process.

You may be able to get SNAP in 7 days if:

1. Your household's monthly income is less than $150, and you now have resources of $100 or less.
2. Your shelter cost (plus utilities) is higher than your monthly income plus savings.
3. You do seasonal farm or migrant work.

If you have a disability that makes it hard for you to fill out or understand this application, we can help. We can call or visit you if you cannot come to our office. Clients may submit an application for benefits and certification materials applying online at https://onedhs.tn.gov, to their county office by mail, hand-delivery, or you may fax your application to your local county office.

Your application tracking number is **T50793663**. You will need this number if you want information about the status of your application.

Sign and Submit:

I swear under penalty of perjury (making false statements under oath) and all other applicable penalties that the statements made on this application, any attachments, and to whoever interviewed me are true and correct. All persons applying for or receiving aid are U.S. citizens, legal aliens, or eligible immigrants. I understand and agree to the rules and information given to me. If asked, I will give information that proves my statement, or I give TDHS permission to get proof. I understand I must report any changes the way TDHS tells me to. I understand that the information I provide will be subject to verification by federal, state, and local officials to determine if such information is factual.

Release: The State of Tennessee or people who work for it may need to prove the information I gave is true. By signing this paper, I am saying it is OK to get proof. This will let them decide if I can get SNAP or Families First. I am also saying that I have read and understand the Statement of Understanding.

Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to $250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/ Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else's card.

Signature of Client: Erin Bull

Date: 08/28/2024 13:34:49

Head of Household

Erin Bull | Age: 44			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
What is the language most commonly spoken in the household?		**If an interview is required will you need an interpreter?**	
English		No	
Do you consider yourself homeless?		**Which Tennessee County do you reside closest to?**	
No		N/A	
Do you need an EBT Card?			
No			
Where You live		**Mailing Address**	
1850 Clingan Dr NW Cleveland, Tennessee 37311-1123, County - Bradley		N/A	
Home Phone	**Cell Phone**	**Work Phone**	**Email Id**
N/A	423-599-6950	N/A	optoutside@yahoo.com

What is the best time to call you during the weekday?	**What is the best mode to contact you?**	**Who is completing this application?**
Morning	Cell/Other Phone	Self
Do you have a disability or Language barrier that requires an accommodation?	**What type of assistance do you need?**	**If other, describe accommodation needed**
No	N/A	N/A
Are you registered to vote where you live now?	**Would you like to apply to register to vote here today ?**	**Do you want TDHS to mail a voter registration form to you?**
Yes	N/A	N/A

Federal and/or State Convictions

Your SNAP benefits may end if you:

- Give incorrect information or hide facts to get SNAP benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.

If you break these rules, you will not get SNAP benefits for:
1 year the first time, 2 years the second time, and forever the third time.

If you trade SNAP benefits for drugs. You can be cut off for:
2 years the first time and forever the second time.

You may be cut off SNAP forever if you're found guilty of:

- Trading SNAP benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);
- Selling SNAP benefits worth $500 or more.

Don't give incorrect information about who you are or where you live to receive multiple SNAP benefits. Giving incorrect information can keep you from getting SNAP benefits for 10 years.

Have you or anyone in your household been found guilty of receiving TANF (cash benefits) or SNAP benefits from two or more states at the same time?
No
Has anyone used TANF funds at the following establishments: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and/or licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories? (TANF only)
N/A
Have you or any household member been convicted of buying or selling SNAP benefits over $500?
No
Do you or anyone in your household have a felony conviction because of behavior related to the possession, use or distribution of a controlled drug substance after 08/22/96 (SNAP & TANF)?
No
Are you or any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a convicted felony crime or attempted felony crime, or may have violation(s) of such, or are not in compliance with the conditions of parole or probation?
No
Have you or any household member been convicted of trading SNAP benefits for drugs or controlled

substance?
No
Have you or any member of your household been convicted as an adult of aggravated sexual abuse, murder, sexual exploitation, and other abuse of children, a Federal or State offense involving sexual assault, or an offense under State law determined by the Attorney General to be substantially similar to such an offense, after February 7, 2014?
No
Has anyone you are applying for received SNAP & TANF from another state within the last 30 days?
No

Authorized Representative

Would you like to name an Authorized Representative at this time? No	
Authorized Representative Email	N/A
Home Phone	N/A
EXT	N/A
Cell/Other Phone	N/A
EXT	N/A
Work Phone	N/A
EXT	N/A
Authorized Representative Address	N/A
May apply for SNAP benefits for me?	N/A
May use my SNAP benefits for me?	N/A
May receive my SNAP benefits for me?	N/A
May apply for Families First benefits for me?	N/A
May use my Families First benefits for me?	N/A
May receive my Families First benefits for me?	N/A

Expedited SNAP Benefits

Do you have $100 or less in cash or in the bank?	Yes
How much cash or money in the bank do you have?	$18.95
Do you get less than $150 a month in income or other benefits (such as employment, social security, or child support)?	No
How much money do you get a month in income or other benefits (such as employment, social security, or child support)?	$2,600.00
Is your income plus your savings this month less than your shelter costs (for example: rent, mortgage, utilities)?	No
How much do you pay in rent/mortgage?	$725.00
What type of Utility Expense(s) do you pay? (Multi-Select)	Heating/Cooling, Water/Sewer, Garbage Removal
Is someone in your household a migrant or seasonal farm worker?	No

People In Your Home

Erin Bull | Age: 44			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity	Non-Hispanic		
Gender	Female		
Date of birth	[redacted]/1979		
Social Security Number	[redacted]3924		
Marital Status	Married		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	No		
Pregnancy Due Date	N/A		
What is this individual's education status?	Not in school		
Type of School	N/A		
Where is the individual currently attending school?	N/A		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	No		
Race	White		
What is this individual's living arrangement?	At Home		
If not in the home, when did this living arrangement begin?	N/A		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		

Relationship to Head of Household	Self
Relationship to Bryan Bull	is the wife of
Relationship to G[redacted] Bull	is the mother of
Relationship to B[redacted] Bull	is the mother of
Relationship to H[redacted]Bull	is the mother of
Relationship to E[redacted] Bull	is the mother of

Bryan Bull | Age: 47			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity		Non-Hispanic	
Gender		Male	
Date of birth		[redacted]1976	
Social Security Number		[redacted]0865	
Marital Status		Married	
US Citizen?		Yes	
If No, what is this individual's A-number?		N/A	
Is this individual pregnant?		N/A	
Pregnancy Due Date		N/A	
What is this individual's education status?		Not in school	
Type of School		N/A	
Where is the individual currently attending school?		N/A	
Current number of credit hours		N/A	
Type of pending degree/certification		N/A	
Disability		No	
Race		White	
What is this individual's living arrangement?		At Home	
If not in the home, when did this living arrangement begin?		N/A	
Is this individual actively serving in the military?		No	
Is this individual actively serving in the military reserve?		No	
Enter the location/duty:		N/A	
Relationship to Head of Household		is the husband of	

Relationship to E[redacted] Bull	is the father of
Relationship to H[redacted] Bull	is the father of
Relationship to B[redacted] Bull	is the father of
Relationship to G[redacted] Bull	is the father of

G[redacted] Bull | Age: 7			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity	Non-Hispanic		
Gender	Male		
Date of birth	[redacted]/2017		
Social Security Number	[redacted]-2001		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	N/A		
Pregnancy Due Date	N/A		
What is this individual's education status?	Full Time		
Type of School	Elementary School		
Where is the individual currently attending school?	[redacted]		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	No		
Race	White		
What is this individual's living arrangement?	At Home		
If not in the home, when did this living arrangement begin?	N/A		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		
Relationship to Head of Household	is the son of		

Relationship to B[redacted] Bull	is the brother of
Relationship to E[redacted] Bull	is the brother of
Relationship to B[redacted] Bull	is the son of
Relationship to H[redacted] Bull	is the brother of

E[redacted] Bull | Age: 5			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity	Non-Hispanic		
Gender	Female		
Date of birth	[redacted]/2019		
Social Security Number	[redacted]7476		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	N/A		
Pregnancy Due Date	N/A		
What is this individual's education status?	Full Time		
Type of School	Elementary School		
Where is the individual currently attending school?	[redacted] Elementary		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	No		
Race	White		
What is this individual's living arrangement?	At Home		
If not in the home, when did this living arrangement begin?	N/A		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		
Relationship to Head of Household	is the daughter of		

Relationship to B[redacted] Bull	is the daughter of
Relationship to G[redacted] Bull	is the sister of
Relationship to B[redacted] Bull	is the sister of
Relationship to H[redacted] Bull	is the sister of

B[redacted] Bull | Age: 5			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity	Non-Hispanic		
Gender	Female		
Date of birth	[redacted]/2019		
Social Security Number	[redacted]0160		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	N/A		
Pregnancy Due Date	N/A		
What is this individual's education status?	Full Time		
Type of School	Elementary School		
Where is the individual currently attending school?	[redacted] Elementary		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	No		
Race	White		
What is this individual's living arrangement?	At Home		
If not in the home, when did this living arrangement begin?	N/A		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		
Relationship to Head of Household	is the daughter of		

Relationship to E[redacted] Bull	is the sister of
Relationship to G[redacted] Bull	is the sister of
Relationship to H[redacted] Bull	is the sister of
Relationship to B[redacted] Bull	is the daughter of

H[redacted] Bull | Age: 2			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity		Non-Hispanic	
Gender		Female	
Date of birth		[redacted]2021	
Social Security Number		[redacted]-8811	
Marital Status		Single	
US Citizen?		Yes	
If No, what is this individual's A-number?		N/A	
Is this individual pregnant?		N/A	
Pregnancy Due Date		N/A	
What is this individual's education status?		Not in school	
Type of School		N/A	
Where is the individual currently attending school?		N/A	
Current number of credit hours		N/A	
Type of pending degree/certification		N/A	
Disability		No	
Race		White	
What is this individual's living arrangement?		At Home	
If not in the home, when did this living arrangement begin?		N/A	
Is this individual actively serving in the military?		No	
Is this individual actively serving in the military reserve?		No	
Enter the location/duty:		N/A	
Relationship to Head of Household		is the daughter of	

Relationship to E[redacted] Bull	is the sister of
Relationship to B[redacted] Bull	is the sister of
Relationship to B[redacted] Bull	is the daughter of
Relationship to G[redacted] Bull	is the sister of

Employment Information

Bryan Bull - Amazon			
Employer Phone Number	**Employment Start Date**	**How often is this individual paid?**	**Hourly Wage**
423-417-2215	09/24/2011	Weekly	$22.30
Hours per week	**Does this individual still have this job?**	**Date of last payment**	**Amount of last payment**
40	Yes	N/A	N/A
Employer Address			
7200 Discovery Dr Chattanooga, Tennessee 37421			

Self-Employment Information

Is anyone in the household self-employed? No				
Type of Self-Employment	**Monthly Income**	**Hours per week**	**How much income (before taxes) will this individual earn annually?**	**What is this individual's annual expenses related to this self-employment?**
N/A	N/A	N/A	N/A	N/A

Other Income Information

Does anyone in the household get income from another source? No			
Type of Income	**First Payment Date**	**How often is this individual paid?**	**Claim ID**
N/A	N/A	N/A	N/A
How much does this individual receive each time?		**How much income (before taxes) does this individual receive from this source a month?**	
N/A		N/A	

Cash Resource Information

Does anyone in the household have cash? No
How much cash does this person have?
N/A

Checking and Saving Account Resource Information

Erin Bull	
Type of Account	**Total Balance**
Checking	$18.95

Certificate of Deposit Resource Information

Does anyone in the household have certificates of deposit? No
Total Balance
N/A

Stocks, Bonds and Mutual Funds Resource Information

Does anyone in the household have stocks, bonds, or mutual funds? No	
Type	**What is the value?**
N/A	N/A

Retirement Resource Information

Bryan Bull
What is the Balance?
$277.29

Other Resource Information

Does anyone in the household have any other resources? No	
Resource Type	**What is the Value?**
N/A	N/A

Joint Account

Are any of these Joint Accounts?
Yes

Child Care Expense Information

Does anyone in the household have Child Care Expenses? No	
How often is this Child Care Expense paid?	N/A
Amount paid each time?	N/A
Who provides this Child Care?	N/A
Child Care Provider Name	N/A

Shelter Expenses Information

Bryan Bull	
Shelter Expense Type	Rent
How often is the Shelter Expense paid?	Monthly
Amount paid each time?	$725.00

Utility Expenses Information

Bryan Bull	
Does this Utility Expense include heating or cooling costs?	Yes
Utility Expense Type(s):	Electricity, Garbage/Trash, Sewer, Water
Monthly Amount	$280.00

Medical Expense Information

Bryan Bull	
Type of Medical Expense	Medical Insurance
How often is the Medical Expense paid?	Weekly
Amount paid each time?	$160.00

Child Support Payments Information

Does anyone in the household make Child Support Payments for a child not in the household? No
Monthly Amount
N/A

Permission To Release School Attendance Records

I (client) give permission for the school attendance records of children on this application to be released to the Tennessee Department of Human Services by the Tennessee Department of Education or my child's school. The Department of Human Services will use these records, including social security numbers to help me meet my Families First Responsibilities. The records will be destroyed when they are no longer needed.
Yes
Are you willing to comply with child support?
N/A

Non-Discrimination

TDHS is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to

USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

You may also write Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 505 Deaderick Street, Nashville, TN 37243, (615) 313-4700.

Penalties For SNAP Violations:

Your SNAP/Food Stamp benefits may end if you:

- Give incorrect information or hide facts to get SNAP benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.

If you break these rules, you will not get SNAP/Food Stamp benefits for:

- First Offense: 1 year of no SNAP benefits;
- Second Offense: 2 Years of no SNAP benefits;
- Third Offense: You will NEVER be eligible for SNAP benefits.

If you trade SNAP/Food Stamp benefits for drugs/controlled substances. You can be cut off for:

- First Offense: 2 years of no SNAP benefits;
- Second Offense: You will NEVER be eligible for SNAP benefits again.

You'll be cut off the SNAP/Food Stamp Program forever if you're found guilty of:

- Trading SNAP/Food Stamp benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);
- Selling SNAP/Food Stamp benefits worth $500 or more.

Don't give incorrect information about who you are or where you live to receive multiple SNAP/Food Stamp benefits. Giving incorrect information can keep you from getting SNAP/Food Stamp benefits for 10 years.

Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to $250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else's card.

Penalties For Families First Violations:

Your Families First benefits may end if you:

- Give incorrect information or hide facts to get Families First benefits;
- Use your Benefit Security Card (EBT Card) in a prohibited location: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories.

If you give incorrect information, you will not be ineligible for Families First benefits for:

- First Offense: 6 months of no Families First benefits;
- Second Offense: 1 year of no Families First benefits;
- Third Offense: You will NEVER be eligible for Families First benefits.

You will not get Families First benefits for ten (10) years if you get cash assistance payments in two (2) states at the same time.

Fair Hearing Appeal Policy

You have the right to appeal any action or decision made by this agency. A Fair Hearing will allow you to explain how you feel the action or decision did not follow policy. The Fair Hearing officer will decide if the policy was correctly followed or not followed by the agency. Individuals who wish to appeal must complete and submit the HS-3058 Consolidated Appeal Request Form within ten (10) calendar days of the denial or termination notice.

If you request a Fair Hearing within ten (10) calendar days following the action or decision, you may choose to continue receiving child care payment assistance during the appeal process. If you request a Fair Hearing after ten (10) calendar days from the date of the action or decision, child care payment

assistance will not continue to be paid during the appeal process. If you do choose to continue receiving child care payment assistance during the Fair Hearing process and it is later decided that you were not eligible for payment assistance, you will be required to repay the full amount of child care payment assistance you were not entitled to receive.

You will not be penalized or treated unfairly by your Child Care Specialist or other Certificate Program staff for requesting a Fair Hearing. You may bring a friend, relative or lawyer to the Fair Hearing to speak on your behalf.

Drug Screening Information:

Effective July 1, 2014, state law requires the Department of Human Services (DHS) to screen any cash assistance applicant eighteen (18) years of age or older(or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative), who is otherwise eligible for cash assistance, for the use of a controlled substances. In a two (2)-parent household, only one (1) parent, the applicant, will be screened. T.C.A. § 71-3-1202.

These controlled substances include the following:

- Marijuana (cannabis, pot, weed, etc.);
- Cocaine (coke, blow, crack, rock, etc.);
- Methamphetamine/Amphetamine type stimulants (speed, meth, ecstasy, X, ice, etc.);
- Opiates (heroin, morphine, methadone, opium, Buprenorphine, codeine, etc.).

If your screening results indicate that you use controlled substances, you will be required to take a drug test.
If you are currently taking a prescription medication, which you believe may contain any of the above controlled substances, you may provide verification of the valid prescription to the Medical Review Officer after taking the drug test. No drug for which an individual has a current and valid prescription shall be the basis for denial of cash assistance. T.C.A. § 71-3-1202(d)(2).

If you are required to take a drug test and your results are positive, you will be required to submit to a substance abuse evaluation and may be required to undergo substance abuse treatment. If you fail to submit to a substance abuse evaluation or undergo required substance abuse treatment, your needs will be removed from the household, and your cash assistance benefits will be reduced. T.C.A. § 71-3-1202(h).

Each Families First/TANF applicant age eighteen (18) or older (or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative) must answer the questions contained on this form.

Important Information

- **You will be denied benefits until you submit this form and DHS determines you can receive benefits.**
- **You will be notified if DHS does not receive this completed form, other necessary information, and/or any necessary drug test by the stated deadline.**

YOU WILL BE DENIED BENEFITS IF:

- **You do not fill out this form completely and return it by the requested date.**
- **You fail or refuse to take a drug test, if required, based on your answers on this form.**
- **You do not provide other information necessary to determine your eligibility, including the results of a drug test, if necessary.**

Use Of Drug Screening And Test Results

By law, all information regarding this screening form and any drug testing results you may have are confidential and will not be released to law enforcement and cannot be used in any criminal proceedings.

However, **any evidence discovered as a result of this screening, or as a result of a later drug test, that the Department determines supports a reasonable cause to believe that parental abuse, sexual abuse, or neglect of a child has occurred, is required by state law to be reported to the Department of Children's Services,** and can be used in any civil court proceeding involving the protection and custody of that child or in any permanency proceeding in court involving foster care of that child or termination of parental rights to that child. In addition, this information can be used by the Department in any appeal you may file to find out if DHS has made a mistake in determining if you can get TANF/Families First benefits, or it can be used in any civil or administrative matter that concerns defense of a case filed by you against the Department or the drug testing agency. T.C.A. § 71-3-1204.

OLD NATIONAL BANK®
P. O. Box 718
Evansville, IN 47705

ONB EVERYDAY CHECKING

ACCOUNT INFORMATION

DATE	**08/12/2024**
ACCOUNT NUMBER	**[redacted]2649**

[redacted]

BRYAN K BULL
ERIN M BULL
1850 CLINGAN DR NW
CLEVELAND TN 37311-1123

CLIENT CARE CONTACT INFORMATION

Client Care: 800-731-2265
Visit us Online: www.oldnational.com
Written Inquiries: P. O. Box 419
Evansville, IN 47703

ACCOUNT SUMMARY

Previous Statement Balance	07/14/2024	-$71.21
Deposits/Credits	7	$769.30
Withdrawals/Debits	13	-$635.40
Total Service Charges		-$28.00
Interest Paid		$0.00
Current Statement Balance	08/12/2024	$34.69
Days in Statement Period	29	

SERVICE CHARGE SUMMARY

Service Chg Waived	$9.95

OVERDRAFT CHARGES SUMMARY

	THIS CYCLE	YEAR TO DATE 2024
Total Overdraft Fees	$64.00	$99.00
Total Returned Item Fees	$0.00	$280.00

DEPOSITS AND OTHER CREDITS

DATE	TRACER	TRANSACTION DESCRIPTIONS	AMOUNT
07/15	44	NSF RTN ACH	$71.21
07/19	2201	AMAZON.COM SVCS DIRECT DEP BULL,BRYAN K	$36.08
07/26	208	PROG DIRECT INS INS PREM Erin Bull	$209.33
07/26	1208	AMAZON.COM SVCS DIRECT DEP BULL,BRYAN K	$51.75
08/01	214	PROG DIRECT INS RETRY PYMT Erin Bull	$209.33

To Help Balance Your Account

Enter your checkbook balance		
Add Interest credited and other deposits shown on this statement, but not previously entered in your checkbook		
Subtotal		
Subtract service charge and other deductions shown on this statement, but not previously entered in your checkbook		
Subtotal		
A Adjusted checkbook balance		
Enter the current balance from this statement		
Add deposits entered in your checkbook, but not shown on this statement		
Subtotal		
Subtract checks and withdrawals entered in your checkbook, but not shown on this statement	Check No.	Amount
Subtotal		
B Adjusted statement balance		

Your checkbook is in balance If line A agrees with line B.

If your adjusted checkbook and bank statement balance do not agree:

1. Review last month's statement to make sure any differences were corrected.
2. Check additions and subtractions in your checkbook.
3. Compare the amount of each check and deposit on this statement with the amount recorded in your checkbook.
4. Make sure all outstanding checks have been listed, including those that may not have been paid from the previous statement.
5. Make sure that any electronic fund transfers or automatic payments are recorded in your checkbook.

How Finance Charge is Calculated

If this statement includes billing information regarding a personal line of credit for consumer use, the finance charge for each statement (loan) period is calculated by applying the applicable daily periodic rate(s) to the daily balances. To get daily balances, we take the beginning balance of your account each day, add any new loans or charges and subtract any payments or credits. Then, we multiply the daily balance each day of the statement period by the applicable daily periodic rate(s). We then add up all of these daily finance charges to get your total finance charge. If there is only one (1) daily periodic rate during the statement period, the finance charge may also be verified by multiplying the average daily balance by the number of days in the statement period and multiplying the result by the applicable daily periodic rate. If your line of credit has a variable rate feature, the rate used to calculate your finance charge may vary as described in the disclosure provided to you initially. Payments received during regular hours on business days at all of our full-service offices will be credited on the same business day. Payments received at other locations or after regular business hours will be credited on the next business day.

In Case of Errors or Questions About Your Personal Line of Credit (This is a summary of Your Billing Rights)

If you think your statement is wrong, or you need more information about a transaction on your statement, write us at P.O. Box 419, Evansville, IN 47703. We must hear from you no later than 60 days after we sent you the first statement on which the error or problem appeared. You can telephone us but doing so will not preserve your rights.

In your letter, give us the following information:

1. Your name and account number.
2. The dollar amount of the suspected error.
3. Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item you are unsure about.

You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your bill that are not in question. While we investigate your question, we cannot report you as delinquent or take any action to collect the amount you question. However, charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question, or any interest or other fees related to that amount. We can apply any unpaid amount against your credit limit.

If you have authorized us to pay your minimum monthly payment automatically by charging your deposit account with us, you can stop the payment on any amount you think is wrong. To stop the payment, your letter must reach us three business days before the automatic payment is scheduled to occur.

In Case of Errors or Questions About Electronic Transfers

Please call 1-800-731-2265 or write us at P.O. Box 419, Evansville, IN 47703 as soon as you can, if you think your statement or receipt is wrong, or if you need more information about a transfer on this statement or on a receipt. We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared.

1. Tell us your name and account number.
2. Describe the error and transfer you are unsure about and explain as clearly as you can why you believe there is an error or why you need more information.
3. Tell us the dollar amount of the suspected error.

If you tell us verbally, we may request that you send us your complaint or question in writing within 10 business days. We will investigate your complaint and correct any error promptly. If we take more than 10 business days (20 days for new account transactions) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or question in writing and we do not receive it within 10 business days, we may not recredit your account. Our investigation will take no longer than 45 business days to complete (90 days for point-of-sale, foreign debit card or new account transactions.)

If we decide that there was no error, we will send you a written explanation within 3 business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

In Case of Irregularities Identified on This Statement

You are responsible for promptly examining your statement each statement period and reporting any irregularities to us. We will not be liable for any error, any check that is altered or counterfeit, any signature that is forged or unauthorized transaction unless you notify us in writing within thirty (30) calendar days after we make the statement available to you. Also, we will not be liable for any subsequent items paid, in good faith, containing an unauthorized signature or alteration by the same wrongdoer unless you timely notify us in writing.

OLD NATIONAL BANK®
P. O. Box 718
Evansville, IN 47705

ONB EVERYDAY CHECKING

ACCOUNT INFORMATION

DATE	**08/12/2024**
ACCOUNT NUMBER	**[redacted]2649**

APBKFPADBKHPFLHOCPAJAMDK
AKEKJDDPJPDDPEPMLKGDLDKK
AAPCJLHMDPKADBLFFCDLCHK
APHMPDDPLPLJAHGPGBCCDKHK
ACKNKDHPDLHJJBNDPBCCPPHK
AGGECKEAEKEAMDMGEMEGCKNK

DEPOSITS AND OTHER CREDITS (continued)

DATE	TRACER	TRANSACTION DESCRIPTIONS	AMOUNT
08/02	1215	AMAZON.COM SVCS DIRECT DEP BULL,BRYAN K	$148.34
08/09	1222	AMAZON.COM SVCS DIRECT DEP BULL,BRYAN K	$43.26

WITHDRAWALS AND OTHER DEBITS

DATE	TRACER	TRANSACTION DESCRIPTIONS	AMOUNT
07/16	1198	Advance Financia AutoPay Bryan Bull	-$0.00
07/18	50	CARD PURCHASE 0379 AMAZON PRIME RS92X6V20 103067 AMZN COM BILL WA	-$7.65
07/19	2201	Advance Financia RETRY PYMT Bryan Bull	-$71.21
07/22	204	PD NSF/OD Item Fee Insufficient Funds Overdraft	-$36.00
07/23	1205	Advance Financia AutoPay Bryan Bull	-$0.00
07/25	1207	PROG DIRECT INS INS PREM Erin Bull	-$209.33
07/29	999	Daily OD Fee Charge	-$7.00
07/30	1212	Advance Financia AutoPay Bryan Bull	-$0.00
07/30	999	Daily OD Fee Charge	-$7.00
07/31	1213	PROG DIRECT INS RETRY PYMT Erin Bull	-$209.33
07/31	999	Daily OD Fee Charge	-$7.00
08/01	999	Daily OD Fee Charge	-$7.00
08/02	1215	Advance Financia AutoPay Bryan Bull	-$69.87
08/05	106	CRD PUR 023326 0468 JERSEY MIK 655000 MANASQUAN NJ 2251 LANDMARK PL	-$20.50
08/06	1219	Advance Financia AutoPay Bryan Bull	-$0.00
08/12	108	CRD PUR 283626 0468 STEAK N SH 655000 CLEVELAND TN 220 PAUL HUFF PKW	-$8.77

OLD NATIONAL BANK®
P. O. Box 718
Evansville, IN 47705

ONB EVERYDAY CHECKING

ACCOUNT INFORMATION

DATE	**08/12/2024**
ACCOUNT NUMBER	**[redacted]2649**

APBKFPAOBKHPFLHOCPAJAMDK
AKEKJDDPJPDMLEPMLKGDLOKK
AAPCJLFDDDPNCNBLEHFGLGGK
APHMPDDPTJNDJAFHDFKEGECHK
ACKMLOCJDKCCLJLIMGPPDHMK
AGGGECMACDNCCEGAEMDKCMK

WITHDRAWALS AND OTHER DEBITS (continued)

DATE	TRACER	TRANSACTION DESCRIPTIONS	AMOUNT
08/12	108	CRD PUR 284181 0468 DOLLAR-GEN 758050 CLEVELAND TN DG 017232745 KEIT	-$2.74

DAILY BALANCE SUMMARY

DATE	BALANCE	DATE	BALANCE	DATE	BALANCE
07/14	-$71.21	07/15	$0.00	07/18	-$7.65
07/19	-$42.78	07/22	-$78.78	07/25	-$288.11
07/26	-$27.03	07/29	-$34.03	07/30	-$41.03
07/31	-$257.36	08/01	-$55.03	08/02	$23.44
08/05	$2.94	08/09	$46.20	08/12	$34.69

APBKFPAOBKHPFLHOCPAJAMDK
AKEKJDDPJPDMLEPMLKGDLOKK
AAPCJLFDDDPNCNBLEHFGLGGK
APHMPDDPTJNDJAFHDFKEGECHK
ACKMLOCJDKCCLJLIMGPPDHMK
AGGGECMACDNCCEGAEMDKCMK

BRADLEY CO. DEPT. OF HUMAN SERVICES
4625 NORTH LEE HIGHWAY
CLEVELAND, TN 37312-4042

https://www.tn.gov/humanservices

ERIN BULL
1850 CLINGAN DR NW
CLEVELAND TN 37311-1123

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Erin Bull
Case Number: 268931754
Customer ID: 234353524
Date: 09/05/2024
Family Assistance Service Center: 1-866-311-4287

Request for Verification

We may have to turn you down unless you give us the proof we need by September 16, 2024. You applied for help from Human Services or reported a change. We need you to give us proof of the following information.

Program:	**SNAP**	
Who?	**What information is needed?**	**What Time Period?**
BRYAN BULL	Liquid Resources - Checking Account	August 2024 - Present
BRYAN BULL	Shelter Expense - Rent	August 2024 - Present
BRYAN BULL	Utility - Heating or Cooling expense	August 2024 - Present

You must get this proof to us by September 16, 2024.

Examples of Acceptable Proof:

Social Security Number	Social Security card, or proof of application for a Social Security number.
Your Identity	Driver's license, school ID with photo, Passport, Resident Alien card, I-94 card, or voter's registration card
Where you live	Lease agreement, utility bill, phone bill, or driver's license with your address on it.
Income	Check stubs, employer statement, award letters
Resources	Bank Accounts, Certificate of Deposit, savings bonds
Property	Automobiles, trucks, boats, motorcycles, and recreational vehicles
Shelter Costs	Mortgage payments, property tax, homeowner's insurance, rent receipt, lease agreement
Cost of Utilities	Electric bill, water bill, gas bill

Citizenship or Alien Status	For any person you want to receive assistance, you must be able to document that they are U.S. Citizens or nationals. Types of documents that may be viewed for citizenship will include : - U.S. Passport - Certificate of Naturalization - Certificate of U.S. Citizenship - Birth Certificate - Hospital, clinic, or doctor records - A report or Certification of Birth Abroad of a U.S. Citizen - U.S. Citizen ID card, or adoption papers, or a military record. - INS (Immigration) papers for people who were not born in the U.S.
Age	Birth Certificate, hospital records, baptismal records, and school records
School Attendance/Grades	For any dependent child for which you wish to receive assistance. School records, report cards.
Immunizations and Health Checks	For any dependent child for which you wish to receive assistance. Health Department records, "shot" records, medical records, statement from a physician.

If anyone is claiming incapacity: we will request (or in some instances, may ask you to help us get) your providers name, address, fax number, and/or email address.

** Shelter and utility expenses can be allowed in your case. If verified, these expenses could possibly increase your SNAP benefits. If verifications for these expenses are not provided within the timeframe required, we will remove these expenses from your case and your SNAP benefit amount will be determined without these deductions/expenses.

Call your worker for help if you have trouble getting this proof and we can assist you in obtaining the required verifications, provided your household is cooperating with us.

If you have any other questions, please call your worker. You can also call the Family Assistance Service Center at 1-866-311-4287 about Families First or SNAP. This is a free call.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 423-479-8577.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):

You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:

- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:

- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://

www.fns.usda.gov/snap/state-directory.

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR?s Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

Statement of Shelter Costs

Dear Landlord:

The Tennessee Department of Human Services is requesting verification of all shelter costs. **Please complete the shelter statement for the individual above to verify their living expenses. Please provide the household information, rent amount, utility information, and your contact information.**

Your assistance is greatly appreciated.

Phone: 1-866-311-4287

I hereby authorize my landlord or responsible person to provide complete information about my shelter costs to the Tennessee Department of Human Services.

_____
Signature or Mark

If signed by a person who witnesses the mark

_____
Signature or Witness

Household Information

Name of renter(s): _____

Rental Property Address: _____

Shelter Cost Section

Please state who lives in the home: _____

Amount of rent charged to household (exclude late charges and fees): _____

Monthly, weekly, biweekly

Amount of lot rent charged to household: _____

Monthly, weekly, biweekly

If tenant is working in exchange for rent, please indicate:

_____ _____ _____ _____

Utility Cost Section

What utilities are included in the rent, if any?

_____

Amount of utilities charged to household by landlord: _____

How often are the utilities paid? _____

Monthly, weekly, biweekly, etc.

How is this home heated? _____

Does this home have air conditioning? _____

Does anyone not living in the household pay the rent and/or utilities? If so, who pays them and how much are they paying?

_____

Landlord Information

Landlord's Name: _____ Date: _____

Landlord's Address: _____

Landlord's Signature: _____ Phone Number: _____

SNAP and Families First Verification Checklist

The verifications below are needed at interview to timely process your case.

Below we have listed some information that may need to be verified before your application can be completed. We've listed some of the papers you can use as proof. There may be other kinds of proof you can use.

To verify your identity

- ☐ Driver's license
- ☐ School or work identification
- ☐ Voter's registration card
- ☐ Birth certificate
- ☐ Passport
- ☐ Resident Alien Card
- ☐ I-94 Card

To verify your address

- ☐ Property tax statement
- ☐ Homeowners or renters insurance
- ☐ Current utility bills
- ☐ Rent or mortgage receipts showing address
- ☐ Mail sent to stated address

To verify your income (provide a document for each income source)

- ☐ Check stubs
- ☐ Award letters
- ☐ Employer statement (if you get paid in cash or if you do not have your check stubs)
- ☐ Social Security, Supplemental Security Income, or Veteran's Benefits
- ☐ Other Retirement or Disability Benefits
- ☐ Child Support Agreement or Receipts
- ☐ Unemployment compensation
- ☐ W-2 forms

To verify your citizenship or alien status

- ☐ Immigration and Naturalization Documents
- ☐ Birth certificate
- ☐ US passport
- ☐ Certificate of US citizenship

To verify your resources

- ☐ Bank statements for checking/savings accounts
- ☐ Stock shares, bonds, and/or CDs
- ☐ Proof of rental properties
- ☐ Titles for non-household transportation and Recreational vehicles
- ☐ Titles for vehicles (Families First Only)

To verify your expenses (SNAP Only)

- ☐ Rent or mortgage payments
- ☐ Property taxes
- ☐ Insurance on property
- ☐ Utilities receipts (gas, water, electricity, etc.)
- ☐ Child care costs
- ☐ Child support payments

Medical expenses not covered by insurance (SNAP only deduction for households of elderly, age 60+, or disabled persons)

- ☐ Summary of provided services such as doctor or hospital visits
- ☐ Detailed receipts showing unreimbursed medical expenses
- ☐ Prescription ledger showing cost of prescriptions on the printout
- ☐ Medical payment agreement
- ☐ Invoices or receipts for medical equipment (including the rental cost)

Other Verifications (Families First Only)

- ☐ Age (e.g., birth certificate)
- ☐ School attendance/grades
- ☐ Immunizations and health checks

Need to report a change? Have Questions? Need help? The Family Assistance Service Center (FASC) is here to help
Monday-Friday 8:00-4:00 1-800-311-4305

BRADLEY CO. DEPT. OF HUMAN SERVICES
4625 NORTH LEE HIGHWAY
CLEVELAND, TN 37312-4042

https://www.tn.gov/humanservices

ERIN BULL
1850 CLINGAN DR NW
CLEVELAND TN 37311-1123

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: Erin Bull
Case Number: 268931754
Customer ID: 234353524
Date: 09/18/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

SNAP

You applied for Supplemental Nutrition Assistance Program (SNAP) benefits on August 28, 2024. This letter is to let you know that we made a decision regarding your application.

Your application for SNAP benefits has been denied for the following reason(s):

Reason
A mandatory member refused or failed to verify required information for Liquid Resources

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 423-479-8577.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):

You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:

- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:

- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://www.fns.usda.gov/snap/state-directory.

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

federal financial assistance through HHS, complete the form on line through OCR?s Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

Tennessee Department of Human Services
Appeal Request

How long do I have to file an appeal? (All Calendar Days)

Program	Time Limit to Appeal	Time Limit to Appeal and have Benefits continued
SNAP	90 days from date of notice	10 days from date of notice
Families First	90 days from date of notice	10 days from date of notice
Child Care Services (Smart Steps)	10 days from date of notice	10 days from date of notice
Child Support	• 20 days from the date of service of the notice in licenses revocation proceedings • 15 days from the date of notice of administration action for all appeals	N/A
Vocational Rehabilitation	30 days from date of notice	N/A
Summer Food Program	10 days from the date on which the notice of action was received	N/A
Child and Adult Care Food Program	15 days from the date on which the notice of action was received	N/A
Summer EBT	Until November 13, 2024	N/A

Where do I send this form? Appeal forms may be filed with the Clerk's Office, the Division of Appeals & Hearings.

Mail: Department of Human Services
Appeals and Hearings Division
James K. Polk Building
505 Deaderick Street, 1st Floor
Nashville, TN 37243

Fax: (615) 248-7013
Phone: (833) 772-TDHS (8347)
Email: AppealsClerksOffice.DHS@tn.gov

What if I have questions?

Contact the Clerk's Office toll free at (833) 772-TDHS (8347) or 1-800-270-1349 (TTY), or call your local DHS office.

For a general list of issues that can be appealed, please visit Tenn.Comp.R.&Regs. 1240-05-03 Fair Hearing Requests and refer to the notice of the Department's action for further information regarding your appeal rights: https://publications.tnsosfiles.com/rules/1240/1240-05/1240-05-03.pdf

For Child Support appeal questions visit https://www.tn.gov/content/dam/tn/human-services/hs/hs-2997.pdf

In accordance with federal law and the policy of the U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS), this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint or ask questions, contact one of these offices:

HHS Office for Civil Rights,
Atlanta Federal Center
Suite 3B70 61Forsyth Street, SW
Atlanta, GA 30303-8909
(404) 562-7886; (404) 562-7881 (FAX); (404) 331-2867 (TDD)

USDA, Director, Office for Civil Rights
1400 Independence AVE, SW
Washington, DC 20250-9410
(800) 795-3272; (202) 720-6382 (TTY)

You may also contact the Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 14th Floor, 505 Deaderick St., Nashville, TN 37243, (833) 772-TDHS (8347).

Once you submit your appeal(s) to DHS, you will be unable to make any changes. If you have provided all required information and selected at least 1 program for appeal, your submitted appeal will be filed.

By signing, I understand:

- If I successfully submit my appeal(s) to DHS during a normal business day, my appeal filed date will be set to the current date/time (Central Time). Appeals received after 4:30 PM Central Time will be considered to be submitted the following business day. If I am submitting my appeal on a weekend or State Holiday, my appeal filed date will be adjusted to the next State business day.

Signature: Erin Bull (Appellant)

Date: 11/07/2024

Program and Reason

Which Program(s) are you appealing?	**Appeal Tracking Number**
SNAP (Food Stamps)	2411447468
Additional Information:	
TCSES Number	N/A
Application Number	N/A
Date of Notice you are Appealing	09/18/2024
When did you apply?	08/28/2024
Why are you appealing?	Denied Application
Tell us why you're appealing or what happened that you disagree with:	
This process has been very frustrating and I hope this appeal will correct the mistake made by DHS workers. I applied online and received a letter asking for proof of liquid resources. I wasn't sure what that meant as that was different wording than I have heard in previous years and was not ones of the forms of proof needed that was listed. I mean nothing on the website stated specifically "liquid resources". So I went to my local office in Cleveland TN and spoke to a woman there who told me it meant a bank statement. I proceeded to tell her I had already uploaded my bank statement from Old National Bank. If you look at my documents submitted it shows it uploaded under my name on 8/28. It is for a joint checking account with my husband Bryan Bull who is also in the household and listed on my application. I showed her the document through the website on my phone. She found it in her system and told me there were several documents on there that the worker had not even opened yet. She told me she was sending a note for the worker to re-look at my application and to continue processing it. I knew it would take longer than just a day so I gave it time thinking I'd next receive an approval letter via mail or notice on the website. When I heard nothing I decided again to stop in the local office and ask about the status. The woman that visit told me that she saw everything in there and that there was nothing else I had to do but just wait as they had up to 30 days to process it. I continued to wait and never did see any notices on the website nor received anything in the mail. I stopped in again on 10/4 and the lady behind the glass was confused and had to ask someone else to help her locate some notes on my case. She said I was denied back on 9/18. I don't know why I never got a letter stating so. I would have acted sooner than now if I had. I'm appealing this denial because I believe I had supplied everything required of me with my original application and have proof.	

Demographic Information

First Name	ERIN
Middle Initial	N/A
Last Name	BULL
Suffix	N/A

Date of Birth	[redacted]1979
Gender	Female
Social Security Number	[redacted]3924
Child First Name	N/A
Child Last Name	N/A
Child Date of Birth	N/A
Where You Live	**Mailing Address**
1850 Clingan Dr NW Cleveland, Tennessee 37311-1123, County - Bradley	1850 Clingan Dr NW Cleveland, Tennessee 37311-1123
What is your preferred language?	English
Do you need an interpreter in the hearing?	N/A
Do you need documents to be translated?	N/A
Cell Phone	423-599-6950
Cell Phone EXT	N/A
Home Phone	423-599-6950
Home Phone EXT	N/A
Work Phone	423-599-6950
Work Phone EXT	N/A
Email Id	optoutside@yahoo.com
What is the best time to call you during the weekday?	**What is the best mode to contact you?**
Morning	Email
Do you have a disability or Language barrier that requires an accommodation?	No
What type of assistance do you need?	N/A
If other, describe accommodation needed	N/A
Who is completing this application?	Self
Do you want to add an Other Parent/Caretaker (if known)?	N/A
Other Parent /Caretaker First Name	N/A

Other Parent /Caretaker Last Name	N/A
(If Someone Else) First Name	N/A
(If Someone Else) Middle Initial	N/A
(If Someone Else) Last Name	N/A
(If Someone Else) Home Phone	**(If Someone Else) Home Phone EXT**
N/A	N/A
(If Someone Else) Work Phone	**(If Someone Else) Work Phone EXT**
N/A	N/A
(If Someone Else) Cell Phone	**(If Someone Else) Cell Phone EXT**
N/A	N/A
(If Someone Else) Relationship to the Appellant	N/A

Notice Appealing For

Case Number / Program	268931754 / SNAP
Document Title / Date	N/A

Continuation of Benefits

I WANT to request for my benefits to continue until the hearing decision is made (this does not guarantee qualification). I understand that if the decision is not in my favor, I may have to pay back the benefits.	Yes
SNAP (Food Stamps)	Yes
Families First (TANF)	N/A
I DO NOT WANT my benefits continued while the hearing decision is pending.	N/A

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BRADLEY CO. DEPT. OF HUMAN SERVICES
4625 NORTH LEE HIGHWAY
CLEVELAND, TN 37312-4042

https://www.tn.gov/humanservices

ERIN BULL
1850 CLINGAN DR NW
CLEVELAND TN 37311-1123

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Erin Bull
Case Number: 268931754
Customer ID: 234353524
Date: 12/09/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

SNAP

Your application for SNAP benefits has been completed. You have been determined eligible for SNAP for the months of October 2024 through March 2025.

Your first allotment for the months of October 2024, November 2024 and December 2024 will be $1,182.00 and then you will receive $394.00 each month.

Please note that if you applied after the first day of the month, your first month of benefits is a partial benefit.

Your first month's SNAP benefits will be available once you receive your Electronic Benefits Transfer (EBT) card or if you already have a card, they will be available immediately.
You will receive your benefit on the 5th day of each month.

You applied for Supplemental Nutrition Assistance Program (SNAP) benefits on August 29, 2024. This letter is to let you know that we made a decision regarding your application.

Your application for SNAP benefits has been denied for August 2024 and September 2024 for the following reason(s):

Reason
Your income exceeds the income limit for SNAP.

- If you are a Simplified Reporting household, you must report the following changes:
  - o If the amount of money that comes into your household goes above the gross income limit $4,546.00 for your household size in a month, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household is an ABAWD (Able bodied Adult Without Dependents) whose hours go below an average 20 hours per week, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household wins $4,500.00 or more from the lottery or gambling, report this information 10 calendar days of the receipt of the winnings.
- Non-simplified reporting households are required to report changes within ten (10) days of the date the change becomes known to the household.

Households approved for SNAP will continue to receive them unless there is a change in their

situation.

If your household is certified for 24 months you will need to provide a completed Mid-Certification Form in your 12th month of receiving SNAP.
You will need to complete a SNAP Renewal in March, 2025 to review your eligibility. Before your eligibility ends, we will send you a letter telling you what to do to keep getting SNAP benefits.

You can continue to use your EBT benefits on your card until the SNAP benefits in your account are gone. We will permanently expunge unused SNAP benefits from your account after nine months of inactivity. They will no longer be available after that time.

If you do not already have one, you will get an electronic benefit transfer (EBT) card in the mail in the next few days. EBT cards look like a debit or credit card. You use it to pay for groceries with your SNAP benefits or withdraw cash with your Families First benefits. Your EBT card will come with instructions about how to use it, how to set a personal identification number (PIN), and how to check the balance.

If you already have an EBT card, you can continue to use that card and PIN. Please keep this card it can be used in the future. If you have an EBT card and cannot find it, call EBT Customer Service at 1-888-997-9444 to request a replacement.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?
Call Legal Services or Legal Aid at 423-479-8577.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):
You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:
- We can help you do it, or
- We can change what you have to do.

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- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

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CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

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1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://www.fns.usda.gov/snap/state-directory.

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To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR?s Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case

Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

P-Ex. 2

DECLARATION OF KATHRYN COLBERT

Pursuant to 28 U.S.C. § 1746, Kathryn Colbert declares as follows:

1. I am one of the named plaintiffs in the above-referenced action.

2. I know the factual allegations made in the Complaint about me and my family.

Those allegations are truthful.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at Knoxville, Tennessee on this the 7th day of January 2025.

Respectfully submitted,

/s/ Kathryn Colbert
Kathryn Colbert (Jan 8, 2025 14:27 EST)
Kathryn Colbert

Tennessee Department of Human Services
FAMILY ASSISTANCE APPLICATIONS

We will take your application with only your name, address, and signature. But the more you tell us, the faster we can see if you can get help. If you are approved, your benefits may start from the date we receive your application. In most cases you will need to talk with a TDHS worker to complete the application process.

You may be able to get SNAP in 7 days if:

1. Your household's monthly income is less than $150, and you now have resources of $100 or less.
2. Your shelter cost (plus utilities) is higher than your monthly income plus savings.
3. You do seasonal farm or migrant work.

If you have a disability that makes it hard for you to fill out or understand this application, we can help. We can call or visit you if you cannot come to our office. Clients may submit an application for benefits and certification materials applying online at https://onedhs.tn.gov, to their county office by mail, hand-delivery, or you may fax your application to your local county office.

Your application tracking number is **T50541113**. You will need this number if you want information about the status of your application.

Sign and Submit:

I swear under penalty of perjury (making false statements under oath) and all other applicable penalties that the statements made on this application, any attachments, and to whoever interviewed me are true and correct. All persons applying for or receiving aid are U.S. citizens, legal aliens, or eligible immigrants. I understand and agree to the rules and information given to me. If asked, I will give information that proves my statement, or I give TDHS permission to get proof. I understand I must report any changes the way TDHS tells me to. I understand that the information I provide will be subject to verification by federal, state, and local officials to determine if such information is factual.

Release: The State of Tennessee or people who work for it may need to prove the information I gave is true. By signing this paper, I am saying it is OK to get proof. This will let them decide if I can get SNAP or Families First. I am also saying that I have read and understand the Statement of Understanding.

Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to $250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/ Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else's card.

Signature of Client: Kathryn Colbert

Date: 05/22/2024 09:47:30

Head of Household

Kathryn Colbert | Age: 39			
I am applying for:			
Families First:	Yes	**SNAP:**	Yes
What is the language most commonly spoken in the household?		**If an interview is required will you need an interpreter?**	
English		No	
Do you consider yourself homeless?		**Which Tennessee County do you reside closest to?**	
No		N/A	
Do you need an EBT Card?			
No			
Where You live		**Mailing Address**	
1218 Mystic River Way Apt 112 Knoxville, Tennessee 37912-5954, County - Knox		N/A	
Home Phone	**Cell Phone**	**Work Phone**	**Email Id**
267-648-2013	267-648-2013	267-648-2013	colbertk.garcia@gmail.com

What is the best time to call you during the weekday?	**What is the best mode to contact you?**	**Who is completing this application?**
Afternoon	Cell/Other Phone	Self
Do you have a disability or Language barrier that requires an accommodation?	**What type of assistance do you need?**	**If other, describe accommodation needed**
No	N/A	N/A
Are you registered to vote where you live now?	**Would you like to vote?**	**Do you want TDHS to mail a voter registration form to you?**
Yes	N/A	N/A

Federal and/or State Convictions

Your SNAP benefits may end if you:

- Give incorrect information or hide facts to get SNAP benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.

If you break these rules, you will not get SNAP benefits for:
1 year the first time, 2 years the second time, and forever the third time.

If you trade SNAP benefits for drugs. You can be cut off for:
2 years the first time and forever the second time.

You may be cut off SNAP forever if you're found guilty of:

- Trading SNAP benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);
- Selling SNAP benefits worth $500 or more.

Don't give incorrect information about who you are or where you live to receive multiple SNAP benefits. Giving incorrect information can keep you from getting SNAP benefits for 10 years.

Have you or anyone in your household been found guilty of receiving TANF (cash benefits) or SNAP benefits from two or more states at the same time?
No
Has anyone used TANF funds at the following establishments: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and/or licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories? (TANF only)
No
Have you or any household member been convicted of buying or selling SNAP benefits over $500?
No
Do you or anyone in your household have a felony conviction because of behavior related to the possession, use or distribution of a controlled drug substance after 08/22/96 (SNAP & TANF)?
No
Are you or any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a convicted felony crime or attempted felony crime, or may have violation(s) of such, or are not in compliance with the conditions of parole or probation?
No
Have you or any household member been convicted of trading SNAP benefits for drugs or controlled

substance?
No
Have you or any member of your household been convicted as an adult of aggravated sexual abuse, murder, sexual exploitation, and other abuse of children, a Federal or State offense involving sexual assault, or an offense under State law determined by the Attorney General to be substantially similar to such an offense, after February 7, 2014?
No
Has anyone you are applying for received SNAP & TANF from another state within the last 30 days?
No

Authorized Representative

Would you like to name an Authorized Representative at this time? No	
Authorized Representative Email	N/A
Home Phone	N/A
EXT	N/A
Cell/Other Phone	N/A
EXT	N/A
Work Phone	N/A
EXT	N/A
Authorized Representative Address	N/A
May apply for SNAP benefits for me?	N/A
May use my SNAP benefits for me?	N/A
May receive my SNAP benefits for me?	N/A
May apply for Families First benefits for me?	N/A
May use my Families First benefits for me?	N/A
May receive my Families First benefits for me?	N/A

Expedited SNAP Benefits

Do you have $100 or less in cash or in the bank?	Yes
How much cash or money in the bank do you have?	$4.00
Do you get less than $150 a month in income or other benefits (such as employment, social security, or child support)?	Yes
How much money do you get a month in income or other benefits (such as employment, social security, or child support)?	$0.00
Is your income plus your savings this month less than your shelter costs (for example: rent, mortgage, utilities)?	Yes
How much do you pay in rent/mortgage?	$965.00
What type of Utility Expense(s) do you pay? (Multi-Select)	Heating/Cooling
Is someone in your household a migrant or seasonal farm worker?	No

People In Your Home

Kathryn Colbert | Age: 39			
I am applying for:			
Families First:	Yes	**SNAP:**	Yes
Ethnicity	N/A		
Gender	N/A		
Date of birth	[redacted]1984		
Social Security Number	[redacted]-8103		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	N/A		
Pregnancy Due Date	N/A		
What is this individual's education status?	Full Time		
Type of School	College or University		
Where is the individual currently attending school?	Jersey College		
Current number of credit hours	7		
Type of pending degree/certification	Associate		
Disability	No		
Race	N/A		
What is this individual's living arrangement?	At Home		
If not in the home, when did this living arrangement begin?	N/A		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		

Relationship to Head of Household	Self
Relationship to Z[redacted] G[redacted]	is the mother of
Relationship to Zephanaih Gonzalez	is the mother of
Relationship to N[redacted] G[redacted]	is the mother of

Zephanaih Gonzalez | Age: 20			
I am applying for:			
Families First:	N/A	**SNAP:**	N/A
Ethnicity	N/A		
Gender	N/A		
Date of birth	[redacted]/2003		
Social Security Number	[redacted]-6786		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	N/A		
Pregnancy Due Date	N/A		
What is this individual's education status?	Not in school		
Type of School	N/A		
Where is the individual currently attending school?	N/A		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	No		
Race	N/A		
What is this individual's living arrangement?	At Home		
If not in the home, when did this living arrangement begin?	N/A		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		
Relationship to Head of Household	is the son of		

Relationship to Nehemiah Gonzalez	is the brother of
Relationship to Z[redacted] G[redacted]	is the brother of

N[redacted] G[redacted] | Age: 18			
I am applying for:			
Families First:	Yes	**SNAP:**	Yes
Ethnicity	N/A		
Gender	N/A		
Date of birth	[redacted]/2005		
Social Security Number	[redacted]6972		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	N/A		
Pregnancy Due Date	N/A		
What is this individual's education status?	Not in school		
Type of School	N/A		
Where is the individual currently attending school?	N/A		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	No		
Race	N/A		
What is this individual's living arrangement?	At Home		
If not in the home, when did this living arrangement begin?	N/A		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		
Relationship to Head of Household	is the son of		

Relationship to Zephanaih Gonzalez	is the brother of
Relationship to Z[redacted] G[redacted]	is the brother of

Z[redacted] G[redacted] | Age: 15			
I am applying for:			
Families First:	Yes	**SNAP:**	Yes
Ethnicity	N/A		
Gender	N/A		
Date of birth	[redacted]2009		
Social Security Number	[redacted]4558		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	N/A		
Pregnancy Due Date	N/A		
What is this individual's education status?	Full Time		
Type of School	High School		
Where is the individual currently attending school?	[redacted]		
Current number of credit hours	30		
Type of pending degree/certification	Diploma		
Disability	No		
Race	N/A		
What is this individual's living arrangement?	At Home		
If not in the home, when did this living arrangement begin?	N/A		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		
Relationship to Head of Household	is the son of		

Relationship to Nehemiah Gonzalez	is the brother of
Relationship to Zephanaih Gonzalez	is the brother of

Employment Information

Zephanaih Gonzalez - Signature Labor services			
Employer Phone Number	**Employment Start Date**	**How often is this individual paid?**	**Hourly Wage**
865-333-1849	01/08/2024	Weekly	$23.00
Hours per week	**Does this individual still have this job?**	**Date of last payment**	**Amount of last payment**
40	Yes	N/A	N/A
Employer Address			
10215 Technology Dr Suite 205 Knoxville, Tennessee 37932			

Self-Employment Information

Is anyone in the household self-employed? No				
Type of Self-Employment	**Monthly Income**	**Hours per week**	**How much income (before taxes) will this individual earn annually?**	**What is this individual's annual expenses related to this self-employment?**
N/A	N/A	N/A	N/A	N/A

Other Income Information

Does anyone in the household get income from another source? No			
Type of Income	**First Payment Date**	**How often is this individual paid?**	**Claim ID**
N/A	N/A	N/A	N/A
How much does this individual receive each time?		**How much income (before taxes) does this individual receive from this source a month?**	
N/A		N/A	

Cash Resource Information

Does anyone in the household have cash? No
How much cash does this person have?
N/A

Checking and Saving Account Resource Information

Kathryn Colbert	
Type of Account	**Total Balance**
Checking	$4.00

Certificate of Deposit Resource Information

Does anyone in the household have certificates of deposit? No
Total Balance
N/A

Stocks, Bonds and Mutual Funds Resource Information

Does anyone in the household have stocks, bonds, or mutual funds? No	
Type	**What is the value?**
N/A	N/A

Retirement Resource Information

Does anyone in the household have a retirement account? No
What is the Balance?
N/A

Other Resource Information

Does anyone in the household have any other resources? No	
Resource Type	**What is the Value?**
N/A	N/A

Joint Account

Are any of these accounts joint accounts? No
Are any of these Joint Accounts?
No

Child Care Expense Information

Does anyone in the household have Child Care Expenses? No	
How often is this Child Care Expense paid?	N/A
Amount paid each time?	N/A
Who provides this Child Care?	N/A
Child Care Provider Name	N/A

Shelter Expenses Information

Zephanaih Gonzalez	
Shelter Expense Type	Rent
How often is the Shelter Expense paid?	Monthly
Amount paid each time?	$965.00

Utility Expenses Information

Zephanaih Gonzalez	
Does this Utility Expense include heating or cooling costs?	Yes
Utility Expense Type(s):	Electricity
Monthly Amount	$200.00

Medical Expense Information

Does anyone in the household have Medical Expenses? No	
Type of Medical Expense	N/A
How often is the Medical Expense paid?	N/A
Amount paid each time?	N/A

Child Support Payments Information

Does anyone in the household make Child Support Payments for a child not in the household? No
Monthly Amount
N/A

Drug Screening Information

In the past three (3) months have you used any of the following drugs: • **Marijuana (cannabis, pot, weed, etc.)** • **Cocaine (coke, blow, crack, rock, etc.)** • **Methamphetamine /Amphetamine type stimulants (speed, meth, ecstasy, X, ice, etc.)** • **Opiates (heroin, morphine, methadone, opium, Buprenorphine, codeine, etc.)**
No
In the past three (3) months have you lost or been denied a job due to use of any of the following drugs: • **Marijuana (cannabis, pot, weed, etc.)** • **Cocaine (coke, blow, crack, rock, etc.)** • **Methamphetamine /Amphetamine type stimulants (speed, meth, ecstasy, X, ice, etc.)** • **Opiates (heroin, morphine, methadone, opium, Buprenorphine, codeine, etc.)**
No
In the past three (3) months have you had any scheduled court appearances due to use or possession of any of the following drugs: • **Marijuana (cannabis, pot, weed, etc.)** • **Cocaine (coke, blow, crack, rock, etc.)** • **Methamphetamine /Amphetamine type stimulants (speed, meth, ecstasy, X, ice, etc.)** • **Opiates (heroin, morphine, methadone, opium, Buprenorphine, codeine, etc.)**
No
Awareness Statement: **I have read this form and state, under penalty of perjury, that I have answered each question truthfully. I understand that I may be required to complete a drug test if, based on my responses on this form,** DHS has reasonable cause to believe that I am using, or, in the previous three (3) months have used any of the above named controlled substances or appeared in court due to use or possession of the controlled substances that are listed on this form. **I understand that if I test positive for any of these controlled substances, to receive benefits, I will have to enter into a drug treatment program if an evaluation finds that I should receive treatment, and I will have to have a negative drug test result at the end of my treatment period to continue to receive benefits.** I understand that if I fail to begin, participate in, and/or complete my drug treatment program, or if I test positive at the end of my treatment period, I will be ineligible for TANF/Families First benefits for six (6) months for the first failure and if I have a second failure after the six (6) months disqualification period, I will be ineligible for one (1) year.
Electronic Signature

First Name	**Middle Initial**
Kathryn	N/A

Last Name	Date
Colbert	05/22/2024

Permission To Release School Attendance Records

I (client) give permission for the school attendance records of children on this application to be released to the Tennessee Department of Human Services by the Tennessee Department of Education or my child's school. The Department of Human Services will use these records, including social security numbers to help me meet my Families First Responsibilities. The records will be destroyed when they are no longer needed.
Yes
Are you willing to comply with child support?
Yes

Non-Discrimination

TDHS is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

You may also write Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 505 Deaderick Street, Nashville, TN 37243, (615) 313-4700.

Penalties For SNAP Violations:

Your SNAP/Food Stamp benefits may end if you:

- Give incorrect information or hide facts to get SNAP benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.

If you break these rules, you will not get SNAP/Food Stamp benefits for:

- First Offense: 1 year of no SNAP benefits;
- Second Offense: 2 Years of no SNAP benefits;
- Third Offense: You will NEVER be eligible for SNAP benefits.

If you trade SNAP/Food Stamp benefits for drugs/controlled substances. You can be cut off for:

- First Offense: 2 years of no SNAP benefits;
- Second Offense: You will NEVER be eligible for SNAP benefits again.

You'll be cut off the SNAP/Food Stamp Program forever if you're found guilty of:

- Trading SNAP/Food Stamp benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);
- Selling SNAP/Food Stamp benefits worth $500 or more.

Don’t give incorrect information about who you are or where you live to receive multiple SNAP/Food Stamp benefits. Giving incorrect information can keep you from getting SNAP/Food Stamp benefits for 10 years.

Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to $250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else’s card.

Penalties For Families First Violations:

Your Families First benefits may end if you:

- Give incorrect information or hide facts to get Families First benefits;
- Use your Benefit Security Card (EBT Card) in a prohibited location: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories.

If you give incorrect information, you will not be ineligible for Families First benefits for:

- First Offense: 6 months of no Families First benefits;
- Second Offense: 1 year of no Families First benefits;
- Third Offense: You will NEVER be eligible for Families First benefits.

You will not get Families First benefits for ten (10) years if you get cash assistance payments in two (2) states at the same time.

Fair Hearing Appeal Policy

You have the right to appeal any action or decision made by this agency. A Fair Hearing will allow you to explain how you feel the action or decision did not follow policy. The Fair Hearing officer will decide if the policy was correctly followed or not followed by the agency. Individuals who wish to appeal must complete and submit the HS-3058 Consolidated Appeal Request Form within ten (10) calendar days of the denial or termination notice.

If you request a Fair Hearing within ten (10) calendar days following the action or decision, you may choose to continue receiving child care payment assistance during the appeal process. If you request a Fair Hearing after ten (10) calendar days from the date of the action or decision, child care payment assistance will not continue to be paid during the appeal process. If you do choose to continue receiving child care payment assistance during the Fair Hearing process and it is later decided that you were not eligible for payment assistance, you will be required to repay the full amount of child care payment assistance you were not entitled to receive.

You will not be penalized or treated unfairly by your Child Care Specialist or other Certificate Program staff for requesting a Fair Hearing. You may bring a friend, relative or lawyer to the Fair Hearing to speak on your behalf.

Drug Screening Information:

Effective July 1, 2014, state law requires the Department of Human Services (DHS) to screen any cash assistance applicant eighteen (18) years of age or older(or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative), who is otherwise eligible for cash assistance, for the use of a controlled substances. In a two (2)-parent household, only one (1) parent, the applicant, will be screened. T.C.A. § 71-3-1202.

These controlled substances include the following:

- Marijuana (cannabis, pot, weed, etc.);
- Cocaine (coke, blow, crack, rock, etc.);
- Methamphetamine/Amphetamine type stimulants (speed, meth, ecstasy, X, ice, etc.);
- Opiates (heroin, morphine, methadone, opium, Buprenorphine, codeine, etc.).

If your screening results indicate that you use controlled substances, you will be required to take a drug test.
If you are currently taking a prescription medication, which you believe may contain any of the above controlled substances, you may provide verification of the valid prescription to the Medical Review Officer after taking the drug test. No drug for which an individual has a current and valid prescription shall be the basis for denial of cash assistance. T.C.A. § 71-3-1202(d)(2).

If you are required to take a drug test and your results are positive, you will be required to submit to a substance abuse evaluation and may be required to undergo substance abuse treatment. If you fail to submit to a substance abuse evaluation or undergo required substance abuse treatment, your needs will be removed from the household, and your cash assistance benefits will be reduced. T.C.A. § 71-3-1202(h).

Each Families First/TANF applicant age eighteen (18) or older (or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative) must answer the questions contained on this form.

Important Information

- **You will be denied benefits until you submit this form and DHS determines you can receive benefits.**
- **You will be notified if DHS does not receive this completed form, other necessary information, and/or any necessary drug test by the stated deadline.**

YOU WILL BE DENIED BENEFITS IF:

- **You do not fill out this form completely and return it by the requested date.**

- **You fail or refuse to take a drug test, if required, based on your answers on this form.**
- **You do not provide other information necessary to determine your eligibility, including the results of a drug test, if necessary.**

Use Of Drug Screening And Test Results

By law, all information regarding this screening form and any drug testing results you may have are confidential and will not be released to law enforcement and cannot be used in any criminal proceedings.

However, **any evidence discovered as a result of this screening, or as a result of a later drug test, that the Department determines supports a reasonable cause to believe that parental abuse, sexual abuse, or neglect of a child has occurred, is required by state law to be reported to the Department of Children's Services,** and can be used in any civil court proceeding involving the protection and custody of that child or in any permanency proceeding in court involving foster care of that child or termination of parental rights to that child. In addition, this information can be used by the Department in any appeal you may file to find out if DHS has made a mistake in determining if you can get TANF/Families First benefits, or it can be used in any civil or administrative matter that concerns defense of a case filed by you against the Department or the drug testing agency. T.C.A. § 71-3-1204.

KNOX CO. DEPT. OF HUMAN SERVICES
2700 MIDDLEBROOK PIKE
SUITE 200
KNOXVILLE, TN 37921-5602

https://www.tn.gov/humanservices

KATHRYN COLBERT
1218 MYSTIC RIVER WAY
APT 112
KNOXVILLE TN 37912

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Kathryn Colbert
Case Number: 111542864
Customer ID: 256481488
Date: 06/10/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

SNAP

You applied for Supplemental Nutrition Assistance Program (SNAP) benefits on May 22, 2024. This letter is to let you know that we made a decision regarding your application.

Your application for SNAP benefits has been denied for the following reason(s):

Reason
Your income exceeds the income limit for SNAP.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 865-637-0484.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):

You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:

- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:

- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://www.fns.usda.gov/snap/state-directory.

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

Tennessee Department of Human Services
Appeal Request

How long do I have to file an appeal? (All Calendar Days)

Program	Time Limit to Appeal	Time Limit to Appeal and have Benefits continued
SNAP	90 days from date of notice	10 days from date of notice
Families First	90 days from date of notice	10 days from date of notice
Child Care Services (Smart Steps)	10 days from date of notice	10 days from date of notice
Child Support	• 20 days from the date of service of the notice in licenses revocation proceedings • 15 days from the date of notice of administration action for all appeals	N/A
Vocational Rehabilitation	30 days from date of notice	N/A
Summer Food Program	10 days from the date on which the notice of action was received	N/A
Child and Adult Care Food Program	15 days from the date on which the notice of action was received	N/A

Where do I send this form? Appeal forms may be filed with the Clerk's Office, the Division of Appeals & Hearings.

Mail: Department of Human Services
Appeals and Hearings Division
James K. Polk Building
505 Deaderick Street, 1st Floor
Nashville, TN 37243

Fax: (615) 248-7013
Phone: (833) 772-TDHS (8347)
Email: AppealsClerksOffice.DHS@tn.gov

What if I have questions?

Contact the Clerk's Office toll free at (833) 772-TDHS (8347) or 1-800-270-1349 (TTY), or call your local DHS office.

For a general list of issues that can be appealed, please visit Tenn.Comp.R.&Regs. 1240-05-03 Fair Hearing Requests and refer to the notice of the Department's action for further information regarding your appeal rights: https://publications.tnsosfiles.com/rules/1240/1240-05/1240-05-03.pdf

For Child Support appeal questions visit https://www.tn.gov/content/dam/tn/human-services/hs/hs-2997.pdf

In accordance with federal law and the policy of the U.S. Department of Agriculture (USDA) and U.S.

Department of Health and Human Services (HHS), this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint or ask questions, contact one of these offices:

HHS Office for Civil Rights,
Atlanta Federal Center
Suite 3B70 61Forsyth Street, SW
Atlanta, GA 30303-8909
(404) 562-7886; (404) 562-7881 (FAX); (404) 331-2867 (TDD)

USDA, Director, Office for Civil Rights
1400 Independence AVE, SW
Washington, DC 20250-9410
(800) 795-3272; (202) 720-6382 (TTY)

You may also contact the Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 14th Floor, 505 Deaderick St., Nashville, TN 37243, (833) 772-TDHS (8347).

Once you submit your appeal(s) to DHS, you will be unable to make any changes. If you have provided all required information and selected at least 1 program for appeal, your submitted appeal will be filed.

By signing, I understand:

- If I successfully submit my appeal(s) to DHS during a normal business day, my appeal filed date will be set to the current date/time (Central Time). Appeals received after 4:30 PM Central Time will be considered to be submitted the following business day. If I am submitting my appeal on a weekend or State Holiday, my appeal filed date will be adjusted to the next State business day.

Signature: Kathryn Colbert (Appellant)

Date: 06/12/2024

Program and Reason

Which Program(s) are you appealing?	**Appeal Tracking Number**
SNAP (Food Stamps)	2406405894
Additional Information:	
TCSES Number	N/A
Application Number	N/A
Date of Notice you are Appealing	06/12/2024
When did you apply?	05/22/2024
Why are you appealing?	Denied Application
Tell us why you're appealing or what happened that you disagree with:	
Documents were not reviewed. I was denied due to income in which I have not been employed since April. Other reason was to provide my lease with my son on in which that was denied November of last year. My lease and all other pertinent documentation has been uploaded prior to the decision for denial.	

Demographic Information

First Name	KATHRYN
Middle Initial	N/A
Last Name	COLBERT
Suffix	N/A
Date of Birth	[redacted]1984
Gender	Female
Social Security Number	[redacted]8103
Where You Live	**Mailing Address**
1218 Mystic River Way Apt 112 Knoxville, Tennessee 37912, County - Knox	1218 Mystic River Way Apt 112 Knoxville, Tennessee 37912
What is your preferred language?	English

Do you need an interpreter in the hearing?	No
Do you need documents to be translated?	No
Cell Phone	267-648-2013
Cell Phone EXT	N/A
Home Phone	267-648-2013
Home Phone EXT	N/A
Work Phone	267-648-2013
Work Phone EXT	N/A
Email Id	colbertk.garcia@gmail.com
What is the best time to call you during the weekday?	**What is the best mode to contact you?**
Afternoon	Phone
Do you have a disability or Language barrier that requires an accommodation?	No
What type of assistance do you need?	N/A
If other, describe accommodation needed	N/A
Who is completing this application?	Self
Do you want to add an Other Parent/Caretaker (if known)?	N/A
Other Parent /Caretaker First Name	N/A
Other Parent /Caretaker Last Name	N/A
(If Someone Else) First Name	N/A
(If Someone Else) Middle Initial	N/A
(If Someone Else) Last Name	N/A
(If Someone Else) Home Phone	**(If Someone Else) Home Phone EXT**
N/A	N/A
(If Someone Else) Work Phone	**(If Someone Else) Work Phone EXT**
N/A	N/A
(If Someone Else) Cell Phone	**(If Someone Else) Cell Phone EXT**

N/A	N/A
(If Someone Else) Relationship to the Appellant	N/A

Notice Appealing For

Case Number / Program	111542864 / SNAP
Document Title / Date	N/A

Continuation of Benefits

I WANT to request for my benefits to continue until the hearing decision is made (this does not guarantee qualification). I understand that if the decision is not in my favor, I may have to pay back the benefits.	Yes
SNAP (Food Stamps)	Yes
Families First (TANF)	N/A
I DO NOT WANT my benefits continued while the hearing decision is pending.	N/A

In accordance with federal law and the policy of the U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS), this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. To file a complaint or ask questions, contact one of these offices: HHS Office for Civil Rights, Atlanta Federal Center, Ste 3B70, 61 Forsyth Street, SW, Atlanta, GA 30303-8909, (404) 562-7886; (404) 562-7881 (FAX); (404) 331-2867 (TDD); USDA, Director, Office for Civil Rights, 1400 Independence Av, SW, Washington, DC 20250-9410; (800) 795-3272; (202) 720-6382 (TTY).

You may also contact the Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 14th Floor, 505 Deaderick Street, Nashville, TN 37243, (833) 772-TDHS (8347).

Tennessee Department of Human Services
FAMILY ASSISTANCE APPLICATIONS

We will take your application with only your name, address, and signature. But the more you tell us, the faster we can see if you can get help. If you are approved, your benefits may start from the date we receive your application. In most cases you will need to talk with a TDHS worker to complete the application process.

You may be able to get SNAP in 7 days if:

1. Your household's monthly income is less than $150, and you now have resources of $100 or less.
2. Your shelter cost (plus utilities) is higher than your monthly income plus savings.
3. You do seasonal farm or migrant work.

If you have a disability that makes it hard for you to fill out or understand this application, we can help. We can call or visit you if you cannot come to our office. Clients may submit an application for benefits and certification materials applying online at https://onedhs.tn.gov, to their county office by mail, hand-delivery, or you may fax your application to your local county office.

Your application tracking number is **T50889431**. You will need this number if you want information about the status of your application.

Sign and Submit:

I swear under penalty of perjury (making false statements under oath) and all other applicable penalties that the statements made on this application, any attachments, and to whoever interviewed me are true and correct. All persons applying for or receiving aid are U.S. citizens, legal aliens, or eligible immigrants. I understand and agree to the rules and information given to me. If asked, I will give information that proves my statement, or I give TDHS permission to get proof. I understand I must report any changes the way TDHS tells me to. I understand that the information I provide will be subject to verification by federal, state, and local officials to determine if such information is factual.

Release: The State of Tennessee or people who work for it may need to prove the information I gave is true. By signing this paper, I am saying it is OK to get proof. This will let them decide if I can get SNAP or Families First. I am also saying that I have read and understand the Statement of Understanding.

Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to $250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/ Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else's card.

Signature of Client: Kathryn Colbert

Date: 10/08/2024 15:15:39

Head of Household

Kathryn Colbert | Age: 40			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
What is the language most commonly spoken in the household?		**If an interview is required will you need an interpreter?**	
N/A		N/A	
Do you consider yourself homeless?		**Which Tennessee County do you reside closest to?**	
Yes		N/A	
Do you need an EBT Card?			
No			
Where You live		**Mailing Address**	
5406 Central Pike Ave Knoxville, Tennessee 37912, County - Knox		1218 Mystic River Way Apt 112 Knoxville, Tennessee 37912-5954, County - Knox	
Home Phone	**Cell Phone**	**Work Phone**	**Email Id**
267-648-2013	267-648-2013	N/A	colbertk.garcia@gmail.com

What is the best time to call you during the weekday?	**What is the best mode to contact you?**	**Who is completing this application?**
Afternoon	N/A	Self
Do you have a disability or Language barrier that requires an accommodation?	**What type of assistance do you need?**	**If other, describe accommodation needed**
No	N/A	N/A
Are you registered to vote where you live now?	**Would you like to apply to register to vote here today ?**	**Do you want TDHS to mail a voter registration form to you?**
Yes	N/A	N/A

Federal and/or State Convictions

Your SNAP benefits may end if you:

- Give incorrect information or hide facts to get SNAP benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.

If you break these rules, you will not get SNAP benefits for:
1 year the first time, 2 years the second time, and forever the third time.

If you trade SNAP benefits for drugs. You can be cut off for:
2 years the first time and forever the second time.

You may be cut off SNAP forever if you're found guilty of:

- Trading SNAP benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);
- Selling SNAP benefits worth $500 or more.

Don't give incorrect information about who you are or where you live to receive multiple SNAP benefits. Giving incorrect information can keep you from getting SNAP benefits for 10 years.

Have you or anyone in your household been found guilty of receiving TANF (cash benefits) or SNAP benefits from two or more states at the same time?
No
Has anyone used TANF funds at the following establishments: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and/or licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories? (TANF only)
N/A
Have you or any household member been convicted of buying or selling SNAP benefits over $500?
No
Do you or anyone in your household have a felony conviction because of behavior related to the possession, use or distribution of a controlled drug substance after 08/22/96 (SNAP & TANF)?
No
Are you or any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a convicted felony crime or attempted felony crime, or may have violation(s) of such, or are not in compliance with the conditions of parole or probation?
No
Have you or any household member been convicted of trading SNAP benefits for drugs or controlled

substance?
No
Have you or any member of your household been convicted as an adult of aggravated sexual abuse, murder, sexual exploitation, and other abuse of children, a Federal or State offense involving sexual assault, or an offense under State law determined by the Attorney General to be substantially similar to such an offense, after February 7, 2014?
No
Has anyone you are applying for received SNAP & TANF from another state within the last 30 days?
No

Authorized Representative

Would you like to name an Authorized Representative at this time? No	
Authorized Representative Email	N/A
Home Phone	N/A
EXT	N/A
Cell/Other Phone	N/A
EXT	N/A
Work Phone	N/A
EXT	N/A
Authorized Representative Address	N/A
May apply for SNAP benefits for me?	N/A
May use my SNAP benefits for me?	N/A
May receive my SNAP benefits for me?	N/A
May apply for Families First benefits for me?	N/A
May use my Families First benefits for me?	N/A
May receive my Families First benefits for me?	N/A

Expedited SNAP Benefits

Do you have $100 or less in cash or in the bank?	Yes
How much cash or money in the bank do you have?	$1.55
Do you get less than $150 a month in income or other benefits (such as employment, social security, or child support)?	No
How much money do you get a month in income or other benefits (such as employment, social security, or child support)?	$248.00
Is your income plus your savings this month less than your shelter costs (for example: rent, mortgage, utilities)?	Yes
How much do you pay in rent/mortgage?	$0.00
What type of Utility Expense(s) do you pay? (Multi-Select)	N/A
Is someone in your household a migrant or seasonal farm worker?	No

People In Your Home

Kathryn Colbert | Age: 40			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity	N/A		
Gender	N/A		
Date of birth	[redacted]1984		
Social Security Number	[redacted]8103		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	No		
Pregnancy Due Date	N/A		
What is this individual's education status?	Not in school		
Type of School	N/A		
Where is the individual currently attending school?	N/A		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	No		
Race	N/A		
What is this individual's living arrangement?	Homeless		
If not in the home, when did this living arrangement begin?	08/19/2024		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		

Relationship to Head of Household	Self
Relationship to Nehemian Gonzalez	N/A
Relationship to Zephaniah Gonzalez	N/A
Relationship to Zhamiir Garcia	N/A

Zephaniah Gonzalez | Age: 21			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity	N/A		
Gender	N/A		
Date of birth	[redacted]/2003		
Social Security Number	[redacted]6786		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	No		
Pregnancy Due Date	N/A		
What is this individual's education status?	Not in school		
Type of School	N/A		
Where is the individual currently attending school?	N/A		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	No		
Race	N/A		
What is this individual's living arrangement?	Homeless		
If not in the home, when did this living arrangement begin?	08/19/2024		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		
Relationship to Head of Household	is the son of		

Relationship to Nehemian Gonzalez	N/A
Relationship to Z[redacted] G[redacted]	N/A

Nehemian Gonzalez | Age: 18			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity	N/A		
Gender	N/A		
Date of birth	[redacted]2005		
Social Security Number	[redacted]6972		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	No		
Pregnancy Due Date	N/A		
What is this individual's education status?	Not in school		
Type of School	N/A		
Where is the individual currently attending school?	N/A		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	No		
Race	N/A		
What is this individual's living arrangement?	Homeless		
If not in the home, when did this living arrangement begin?	08/19/2024		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		
Relationship to Head of Household	is the son of		

Relationship to Zephaniah Gonzalez	is the brother of
Relationship to Z[redacted] G[redacted]	N/A

Z[redacted] G[redacted] | Age: 15			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity	N/A		
Gender	N/A		
Date of birth	[redacted]/2009		
Social Security Number	[redacted]-4558		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	No		
Pregnancy Due Date	N/A		
What is this individual's education status?	Full Time		
Type of School	Other		
Where is the individual currently attending school?	[redacted]		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	No		
Race	N/A		
What is this individual's living arrangement?	Homeless		
If not in the home, when did this living arrangement begin?	08/19/2024		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		
Relationship to Head of Household	is the son of		

Relationship to Zephaniah Gonzalez	is the brother of
Relationship to Nehemian Gonzalez	is the brother of

Employment Information

Does anyone in the household have a job? No			
Employer Phone Number	**Employment Start Date**	**How often is this individual paid?**	**Hourly Wage**
N/A	N/A	N/A	N/A
Hours per week	**Does this individual still have this job?**	**Date of last payment**	**Amount of last payment**
N/A	N/A	N/A	N/A
Employer Address			
N/A			

Self-Employment Information

Is anyone in the household self-employed? No				
Type of Self-Employment	**Monthly Income**	**Hours per week**	**How much income (before taxes) will this individual earn annually?**	**What is this individual's annual expenses related to this self-employment?**
N/A	N/A	N/A	N/A	N/A

Other Income Information

Type of Income	**First Payment Date**	**How often is this individual paid?**	**Claim ID**
N/A	N/A	N/A	N/A
How much does this individual receive each time?		**How much income (before taxes) does this individual receive from this source a month?**	
N/A		N/A	

Cash Resource Information

Does anyone in the household have cash? No
How much cash does this person have?
N/A

Checking and Saving Account Resource Information

Kathryn Colbert	
Type of Account	**Total Balance**
Checking	$1.55

Zephaniah Gonzalez	
Type of Account	**Total Balance**
Checking	$0.00

Certificate of Deposit Resource Information

Does anyone in the household have certificates of deposit? No
Total Balance
N/A

Stocks, Bonds and Mutual Funds Resource Information

Does anyone in the household have stocks, bonds, or mutual funds? No	
Type	**What is the value?**
N/A	N/A

Retirement Resource Information

Does anyone in the household have a retirement account? No

What is the Balance?
N/A

Other Resource Information

Does anyone in the household have any other resources? No	
Resource Type	**What is the Value?**
N/A	N/A

Joint Account

Are any of these accounts joint accounts? No
Are any of these Joint Accounts?
No

Child Care Expense Information

Does anyone in the household have Child Care Expenses? No	
How often is this Child Care Expense paid?	N/A
Amount paid each time?	N/A
Who provides this Child Care?	N/A
Child Care Provider Name	N/A

Shelter Expenses Information

Does anyone in the household have Living Expenses (i.e. Rent/Mortgage, Gas/Electric, Phone)? No	
Shelter Expense Type	N/A
How often is the Shelter Expense paid?	N/A
Amount paid each time?	N/A

Utility Expenses Information

Does anyone in the household have Living Expenses (i.e. Rent/Mortgage, Gas/Electric, Phone)? No	
Does this Utility Expense include heating or cooling costs?	N/A
Utility Expense Type(s):	N/A
Monthly Amount	N/A

Medical Expense Information

Does anyone in the household have Medical Expenses? No	
Type of Medical Expense	N/A
How often is the Medical Expense paid?	N/A
Amount paid each time?	N/A

Child Support Payments Information

Does anyone in the household make Child Support Payments for a child not in the household? No
Monthly Amount
N/A

Permission To Release School Attendance Records

I (client) give permission for the school attendance records of children on this application to be released to the Tennessee Department of Human Services by the Tennessee Department of Education or my child's school. The Department of Human Services will use these records, including social security numbers to help me meet my Families First Responsibilities. The records will be destroyed when they are no longer needed.
Yes
Are you willing to comply with child support?
N/A

Non-Discrimination

TDHS is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to

USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

You may also write Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 505 Deaderick Street, Nashville, TN 37243, (615) 313-4700.

Penalties For SNAP Violations:

Your SNAP/Food Stamp benefits may end if you:

- Give incorrect information or hide facts to get SNAP benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.

If you break these rules, you will not get SNAP/Food Stamp benefits for:

- First Offense: 1 year of no SNAP benefits;
- Second Offense: 2 Years of no SNAP benefits;
- Third Offense: You will NEVER be eligible for SNAP benefits.

If you trade SNAP/Food Stamp benefits for drugs/controlled substances. You can be cut off for:

- First Offense: 2 years of no SNAP benefits;
- Second Offense: You will NEVER be eligible for SNAP benefits again.

You'll be cut off the SNAP/Food Stamp Program forever if you're found guilty of:

- Trading SNAP/Food Stamp benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);
- Selling SNAP/Food Stamp benefits worth $500 or more.

Don't give incorrect information about who you are or where you live to receive multiple SNAP/Food Stamp benefits. Giving incorrect information can keep you from getting SNAP/Food Stamp benefits for 10 years.

Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to $250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else's card.

Penalties For Families First Violations:

Your Families First benefits may end if you:

- Give incorrect information or hide facts to get Families First benefits;
- Use your Benefit Security Card (EBT Card) in a prohibited location: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories.

If you give incorrect information, you will not be ineligible for Families First benefits for:

- First Offense: 6 months of no Families First benefits;
- Second Offense: 1 year of no Families First benefits;
- Third Offense: You will NEVER be eligible for Families First benefits.

You will not get Families First benefits for ten (10) years if you get cash assistance payments in two (2) states at the same time.

Fair Hearing Appeal Policy

You have the right to appeal any action or decision made by this agency. A Fair Hearing will allow you to explain how you feel the action or decision did not follow policy. The Fair Hearing officer will decide if the policy was correctly followed or not followed by the agency. Individuals who wish to appeal must complete and submit the HS-3058 Consolidated Appeal Request Form within ten (10) calendar days of the denial or termination notice.

If you request a Fair Hearing within ten (10) calendar days following the action or decision, you may choose to continue receiving child care payment assistance during the appeal process. If you request a Fair Hearing after ten (10) calendar days from the date of the action or decision, child care payment

assistance will not continue to be paid during the appeal process. If you do choose to continue receiving child care payment assistance during the Fair Hearing process and it is later decided that you were not eligible for payment assistance, you will be required to repay the full amount of child care payment assistance you were not entitled to receive.

You will not be penalized or treated unfairly by your Child Care Specialist or other Certificate Program staff for requesting a Fair Hearing. You may bring a friend, relative or lawyer to the Fair Hearing to speak on your behalf.

Drug Screening Information:

Effective July 1, 2014, state law requires the Department of Human Services (DHS) to screen any cash assistance applicant eighteen (18) years of age or older(or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative), who is otherwise eligible for cash assistance, for the use of a controlled substances. In a two (2)-parent household, only one (1) parent, the applicant, will be screened. T.C.A. § 71-3-1202.

These controlled substances include the following:

- Marijuana (cannabis, pot, weed, etc.);
- Cocaine (coke, blow, crack, rock, etc.);
- Methamphetamine/Amphetamine type stimulants (speed, meth, ecstasy, X, ice, etc.);
- Opiates (heroin, morphine, methadone, opium, Buprenorphine, codeine, etc.).

If your screening results indicate that you use controlled substances, you will be required to take a drug test.
If you are currently taking a prescription medication, which you believe may contain any of the above controlled substances, you may provide verification of the valid prescription to the Medical Review Officer after taking the drug test. No drug for which an individual has a current and valid prescription shall be the basis for denial of cash assistance. T.C.A. § 71-3-1202(d)(2).

If you are required to take a drug test and your results are positive, you will be required to submit to a substance abuse evaluation and may be required to undergo substance abuse treatment. If you fail to submit to a substance abuse evaluation or undergo required substance abuse treatment, your needs will be removed from the household, and your cash assistance benefits will be reduced. T.C.A. § 71-3-1202(h).

Each Families First/TANF applicant age eighteen (18) or older (or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative) must answer the questions contained on this form.

Important Information

- **You will be denied benefits until you submit this form and DHS determines you can receive benefits.**
- **You will be notified if DHS does not receive this completed form, other necessary information, and/or any necessary drug test by the stated deadline.**

YOU WILL BE DENIED BENEFITS IF:

- **You do not fill out this form completely and return it by the requested date.**
- **You fail or refuse to take a drug test, if required, based on your answers on this form.**
- **You do not provide other information necessary to determine your eligibility, including the results of a drug test, if necessary.**

Use Of Drug Screening And Test Results

By law, all information regarding this screening form and any drug testing results you may have are confidential and will not be released to law enforcement and cannot be used in any criminal proceedings.

However, **any evidence discovered as a result of this screening, or as a result of a later drug test, that the Department determines supports a reasonable cause to believe that parental abuse, sexual abuse, or neglect of a child has occurred, is required by state law to be reported to the Department of Children's Services,** and can be used in any civil court proceeding involving the protection and custody of that child or in any permanency proceeding in court involving foster care of that child or termination of parental rights to that child. In addition, this information can be used by the Department in any appeal you may file to find out if DHS has made a mistake in determining if you can get TANF/Families First benefits, or it can be used in any civil or administrative matter that concerns defense of a case filed by you against the Department or the drug testing agency. T.C.A. § 71-3-1204.

KNOX CO. DEPT. OF HUMAN SERVICES
2700 MIDDLEBROOK PIKE
SUITE 200
KNOXVILLE, TN 37921-5602

https://www.tn.gov/humanservices

KATHRYN COLBERT
1218 MYSTIC RIVER WAY
APT 112
KNOXVILLE TN 37912-5954

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Kathryn Colbert
Case Number: 111542864
Customer ID: 256481488
Date: 10/15/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

This Notice of Decision includes information about SNAP and Families First.

SNAP

Your application for SNAP benefits has been completed. You have been determined eligible for SNAP for the months of October 2024 through March 2025.

For the month of October 2024, you will receive $754.00.

For the month of November 2024, through March 2025, you will receive $862.00.

Please note that if you applied after the first day of the month, your first month of benefits is a partial benefit.

Your first month's SNAP benefits will be available once you receive your Electronic Benefits Transfer (EBT) card or if you already have a card, they will be available immediately.
You will receive your benefit on the 1st day of each month.

- If you are a Simplified Reporting household, you must report the following changes:
  - o If the amount of money that comes into your household goes above the gross income limit $3,380.00 for your household size in a month, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household is an ABAWD (Able bodied Adult Without Dependents) whose hours go below an average 20 hours per week, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household wins $4,500.00 or more from the lottery or gambling, report this information 10 calendar days of the receipt of the winnings.
- Non-simplified reporting households are required to report changes within ten (10) days of the date the change becomes known to the household.

Households approved for SNAP will continue to receive them unless there is a change in their situation.

If your household is certified for 24 months you will need to provide a completed Mid-Certification Form in your 12th month of receiving SNAP.
You will need to complete a SNAP Renewal in March, 2025 to review your eligibility**.** Before your eligibility ends, we will send you a letter telling you what to do to keep getting SNAP benefits.

You can continue to use your EBT benefits on your card until the SNAP benefits in your account are gone. We will permanently expunge unused SNAP benefits from your account after nine months of inactivity. They will no longer be available after that time.

FAMILIES FIRST

You are still eligible for Families First benefits. You will continue to receive benefits in the amount of $248.00 per month. You will receive this amount from October 01, 2024 through September 30, 2025 unless there is a change in your household circumstances.

If you do not already have one, you will get an electronic benefit transfer (EBT) card in the mail in the next few days. EBT cards look like a debit or credit card. You use it to pay for groceries with your SNAP benefits or withdraw cash with your Families First benefits. Your EBT card will come with instructions about how to use it, how to set a personal identification number (PIN), and how to check the balance.

If you already have an EBT card, you can continue to use that card and PIN. Please keep this card it can be used in the future. If you have an EBT card and cannot find it, call EBT Customer Service at 1-888-997-9444 to request a replacement.

- You must continue to pay this claim even though your case is closed. If you cannot pay the full balance, you can contact us to enter a repayment agreement on your claim.
- If you already have a repayment agreement, you must pay at least the minimum amount you agreed to pay. We must continue to receive your monthly payment beginning the month after the case closure is effective.
- Your state and federal income tax refund checks may be held to pay on your debt if payment is not received.
- You may make your payments either online through Touch pay at https://www.tpchildsupport.com/childsupport/TN or by mail by sending your payment to
  TN DHS Fiscal Claims Repayment
  505 Deaderick Street, 16th Floor
  Nashville, TN 37243-1403

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 865-637-0484.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):

You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:

- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:

- We can call if you are not able to come to our office.
- We can tell you what this letter means.

- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://www.fns.usda.gov/snap/state-directory.

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR?s Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

Requirement to Cooperate

Benefits of Child Support Services

We need your help to get support for your child(ren). Helping us may benefit you and your child(ren) in the following ways:

- We may be able to help find a parent who is missing.
- We may be able to help establish paternity. Having a legal father may give your child the right to Social Security or other benefits based on the father's record. The child can be covered on the father's medical insurance and will have inheritance rights. In addition, the father's name can be added to the child's birth certificate.
- Your family's total income may increase if you receive Families First payments and "pass-through" payments resulting from child support collections.
- We may be able to help you get more income from child support than you receive in Families First benefits.

Cooperation with Child Support

Cooperation with Tennessee's IV-D Child Support Program is mandatory when you are enrolled in the Families First Program. Caretakers of Families First assistance units must agree to cooperate with the IV-D Child Support Program and to assign all court-ordered and voluntary child support payments to the Tennessee Department of Human Services. Failure to cooperate with the IV-D Child Support Program will result in the ineligibility of the entire assistance unit.

The caretaker must cooperate with the IV-D Child Support Program to:

- Identify the absent parent(s);
- Establish paternity, if necessary;
- Locate the absent parent(s); and/or
- Pursue court-ordered support for each assistance unit child.

Evidence of Cooperation

The Families First participant demonstrates cooperation by doing all of the following:

- Supplying sufficient information to enable the IV-D Child Support Program to proceed with appropriate action. This includes, but is not limited to, the following regarding all noncustodial parents of the dependent children: Full legal name and nicknames, Social Security number, current or last known address, current or last known employer and date of birth or age.
- Supplying documentation such as previous court orders for child support or birth certificates
- Keeping appointments with the IV-D Child Support Program and returning phone calls or other correspondence
- Otherwise demonstrating a good faith effort to obtain necessary information and to locate and identify each alleged parent or noncustodial parent, establish legal paternity, establish and enforce a support order, and obtain support payments, to the full extent possible allowing for the participant's individual circumstances.

Good Cause

There is no good cause reason for refusing to assign child support payments to the Tennessee Department of Human Services. However good cause for non-compliance with the requirement to cooperate with the IV-D Child Support Program may be granted in certain circumstances, which are listed below.

Good Cause Reasons

- Physical or serious emotional harm to the child and/or caretaker.
- Child was conceived as a result of incest or forcible rape.
- Adoption or termination of parental rights proceedings are pending for the child.
- The caretaker is being assisted by a public or licensed private social agency to decide whether to keep the child or relinquish for adoption (Good cause in effect for three (3) months only).

Examples of Good Cause Verifications:

- Birth certificate, medical or law enforcement records showing that the child was born as a result of rape or incest
- Court or other legal documents showing that adoption proceedings have begun
- Court, medical, criminal, child protective services, social services, psychological or law enforcement records showing that the absent parent may hurt you or the child
- A written statement from a public or private agency showing you are being helped to decide whether to give your child up for adoption
- At least two (2) notarized statements from individuals, who might have knowledge of the circumstances providing the basis of the Good Cause claim.

If You Do Not Help and Do Not Have Good Cause

- You will not be eligible to receive FAMILIES FIRST for yourself and your child.

If you need help in getting any of the documents, you can call the Family Assistance Service Center (FASC) at 1-866-311-4287. The FASC is open from Monday through Friday.

DIVISION OF APPEALS AND HEARINGS
JAMES K. POLK BUILDING, 1ST FLOOR
505 DEADERICK STREET
NASHVILLE, TENNESSEE 37243
TELEPHONE: 833-772-8347 OR TTY: 711
FAX: (615) 248-7013

https://www.tn.gov/humanservices

KATHRYN COLBERT
1218 MYSTIC RIVER WAY
APT 112
KNOXVILLE TN 37912-5954

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: Kathryn Colbert
Appeal Number: 2406405894
Customer ID: 256481488
Date: 10/24/2024

Notice of Hearing

You asked for a SNAP appeal. Your Hearing will be before a DHS Administrative Judge. You can have an attorney represent you. Your local Legal Services office can tell you if you can get free or low cost legal help.

DATE: 11/05/2024

TIME: 12:00 PM CST / 01:00 PM EST

PLACE: DHS Knox County Office- FA
2700 Middlebrook Pike (Check in at Security Desk)
Suite 201
Knoxville Tennessee 37921

Do you have an attorney who will help you with your appeal? If so, tell them to send us a letter that they will be helping you with your appeal. It should include your name and docket number. If you do not tell us you have an attorney, your appeal may take longer.

This may be sent by mail to:

Department of Human Services
Division of Appeals and Hearings
James K. Polk Building, 1st Floor
505 Deaderick Street
Nashville, Tennessee 37243

Or you can fax your letter to us at (615) 248-7013 or (866) 355-6136 **or e-mail us at** AppealsClerksOffice.DHS@tn.gov.

Your hearing will be done in a docket call. This means that everyone scheduled for a hearing that day is told to come at the same time. How long the hearings last will depend on how many people show up that day. Please bring a photo I.D. You may need to show it to the security guard.

ISSUE: (Appellant) is a Tennessee resident whose application for Supplemental Nutrition Assistance Program (SNAP) benefits was denied.

FACTS OF THE CASE: The Appellant applied for SNAP benefits through the Department of Human Services (DHS). The Appellant's application for SNAP benefits was denied. DHS records reflect that the Appellant's reported household income exceeds the monthly gross and/or

net income standards for SNAP eligibility. DHS records reflect the amount of Appellant's countable household income used in the Appellant's SNAP budget. DHS records reflect the proper method was utilized in the calculation of the Appellant's SNAP budgets.

LEGAL AUTHORITY: Tenn. Comp. R. & Regs. 1240-1-14, Tenn. Comp. R. & Regs. 1240-1-4

If you would like further information regarding the legal authority listed above, you can visit the following websites:
https://www.ecfr.gov/cgi-bin/ECFR?page=browse
https://www.govinfo.gov/app/collection/uscode
http://www.lexisnexis.com/hottopics/tncode/
https://publications.tnsosfiles.com/rules/1200/1200.htm
https://publications.tnsosfiles.com/rules/1240/1240.htm

Our contact information for all administrative appeal purposes is by phone at (833-772-8347) or TTY (711) or by e-mail at AppealsClerksOffice.DHS@tn.gov or by fax at (615) 248-7013 or (866) 355-6136.The mailing address is:

Department of Human Services
Division of Appeals and Hearings
James K. Polk Building, 1st Floor
505 Deaderick Street
Nashville, Tennessee 37243

This case is adjudicated under Tennessee Code Annotated Section 4-5-301, et seq. and State Rule 1240-05-01, et seq. If you wish to read the rules the County Office used, they will be shown to you at the County Office if you ask or you can look at them online at the following web address (look for the rule cited above as the legal authority):
https://publications.tnsosfiles.com/rules/1240/1240.htm

At the Hearing, you or someone you tell to come and talk for you will be given a chance to:

(a) look at all papers and records to be used at the Hearing unless specifically excluded as confidential medical information by your healthcare provider;

(b) present your case through witnesses and written evidence or have it presented by your lawyer or other person you want to help you;

(c) bring people such as members of your family who know your situation;

(d) tell your side of the story;

(e) tell why you think any testimony or evidence is wrong; and,

(f) give evidence that tells your side of the story.

Both parties to this Hearing should be ready to present their case, with all evidence that tells their side of the story, on the scheduled Hearing date. Should you wish to subpoena a person or persons, or documents, please call (833-772-8347) or TTY (711) or e-mail us at AppealsClerksOffice.DHS@tn.gov.

If you cannot participate at the Hearing as scheduled, please e-mail us at AppealsClerksOffice.DHS@tn.gov, or call (833-772-8347) or TTY (711), or send us a fax at (615) 248-7013 or (866) 355-6136 to request a continuance. You will receive a response by

phone, letter, and/or by e-mail.

If you want a lawyer and cannot pay for one, you can ask for free legal help at the closest Tennessee Legal Services Program or Legal Aid Office. They can be reached at one of the phone numbers below:

Legal Aid Society of Middle Tennessee and the Cumberlands	"(800) 238-1443" or TTY (711)
Legal Aid of East Tennessee	"(865) 637-0484" or TTY (711)
West TN Legal Services, Inc.	"(731) 423-0616" or TTY (711)
Memphis Area Legal Services, Inc.	"(901) 523-8822" or TTY (711)

You might be able to get legal help that does not cost very much through your local Bar Association or Lawyer Referral Service.

One or more of the witnesses for the Department of Human Services may testify at the hearing by telephone unless you object in writing by fax, mail, or email (contact information provided above).

Your written objection must be received in the Division of Appeals and Hearings at least five (5) calendar days before your scheduled hearing date.

If the DHS Administrative Judge does not hear from you, we will see you on November 05, 2024.

Tennessee Department of Human Services

Withdrawal of Appeal for Fair Hearing

DIVISION OF APPEALS AND HEARINGS

I HAVE CHANGED MY MIND AND I WANT TO WITHDRAW MY APPEAL.
I DO NOT WANT A HEARING.

If you **do not** want to proceed with your appeal, you can visit the Customer Portal https://OneDHS.tn.gov and submit your withdrawal online, or you may send us an email stating you wish to withdraw your appeal, or you may fill out, sign, and return this form, or send us a letter to the address below so it will reach the Department of Human Services at least two (2) days prior to your scheduled hearing.

Department of Human Services
Division of Appeals and Hearings
James K. Polk Building, 1st Floor
505 Deaderick Street
Nashville, Tennessee 37243
Fax: (615) 248-7013 or (866) 355-6136
Email to: AppealsClerksOffice.DHS@tn.gov

Name: Kathryn Colbert

Scheduled Hearing Date: 11/05/2024

Appeal Number: 2406405894

TCSES Number (If Child Support Case):

Signature: _____ Date: _____

THIS FORM SHOULD ONLY BE RETURNED TO DHS IF YOU NO LONGER WANT A HEARING. YOUR APPEAL WILL BE CLOSED UPON TIMELY RECEIPT OF THIS COMPLETED FORM BY DHS.

BEFORE THE COMMISSIONER OF THE DEPARTMENT OF HUMAN SERVICES

IN THE MATTER OF:	)	
	)	SNAP Appeal ID: 2406405894
Kathryn Colbert,	)	
Appellant/Petitioner	)	

MOTION FOR APPELLANT/PETITIONER AND COUNSEL TO APPEAR TELEPHONICALLY

Currently, the hearing in the above-referenced action is set for an in-person hearing at the Knox County DHS Office on **Tuesday, November 5, 2024 at 1:00 p.m. ET / 12:00 p.m. CT.** Appellant/Petitioner and her counsel move to appear telephonically at the hearing. As grounds for the motion, Appellant/Petitioner submits that Appellant/Petitioner's counsel is based in Nashville and that appearing in person for Ms. Colbert-Garcia would prove logistically difficult.

For the reasons set forth above, Appellant/Petitioner moves for her and her counsel to appear telephonically and for any other relief the Administrative Judge deems appropriate.

October 31, 2024

Brant Harrell
Legal Director
Tennessee Justice Center
155 Lafayette Street
Nashville, TN 37210
Phone: 615-957-1326
Fax: 615-255-0354
Email: bharrell@tnjustice.org

CERTIFICATE OF SERVICE

I certify that a true and correct copy of this document has been served on this, the 31st day of October, 2024, via email at AppealsClerksOffice.DHS@tn.gov.

Brant Harrell

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: Kathryn Colbert
Appeal Number: 2406405894
Customer ID: 256481488
Date: 12/11/2024

Attached is an Order issued in your appeal. If you disagree with my decision, you may file a petition and/or appeal of the decision.

Greg Petrinjak
DHS Administrative Judge

HOW TO FILE A PETITION OR APPEAL OF THE ORDER

Review of Initial Order

This Initial Order shall become a Final Order (reviewable as set forth below) fifteen (15) days after the entry date of this Initial Order (Tenn. Code Ann. § 4-5-314[b]), unless either or both of the following actions are taken:

(1) A party files a petition of appeal to the Department of Human Services (the Department), in writing stating the specific reasons why the Initial Order was incorrect, within fifteen (15) days after the entry date of the Initial Order. If this action occurs, there is no Final Order until review by the Department and entry of a new Final Order or adoption and entry of the Initial Order, in whole or in part, as the Final Order. A petition of appeal to the Department must be filed within the proper time period either by email at **AppealsClerksOffice.DHS@tn.gov** or by mail with the Division of Appeals and Hearings, Department of Human Services, ATTN: Commissioner's Designee, 505 Deaderick Street, Nashville, TN 37243 or you can fax your petition to us at (615) 248-7013. See Tenn. Code Ann. § 4-5-315 and Tenn. Comp. R. & Reg. 1240-05-09.

(2) A party files a petition for reconsideration of the Initial Order to the DHS Administrative Judge, in writing stating the specific reasons why the Initial Order was incorrect, within fifteen (15) days after the entry date of the Initial Order. This petition must be filed with the DHS Administrative Judge who entered the Initial Order either by e-mail at **AppealsClerksOffice.DHS@tn.gov** or by mail with the Division of Appeals and Hearings, Department of Human Services, ATTN: DHS Administrative Judge, 505 Deaderick Street, Nashville, TN 37243 or you can fax your petition to us at (615) 248-7013. A petition for reconsideration of the Initial Order is deemed denied by law if no action is taken within twenty (20) days of filing. A new fifteen (15) day period for the filing of an appeal to the Department (as set forth in paragraph (1) above) starts to run from the entry date of an order disposing of a petition for reconsideration, or from the twentieth day after the filing date of the petition, if no order is issued. See Tenn. Code Ann. §4-5-317 and Tenn. Comp. R. & Reg. 1240-05-05-.02 & Regs. 1240-05-09 on petitions for reconsideration. If the petition for reconsideration of the Initial Order is either denied by order of the DHS Administrative Judge or deemed denied by law and a petition of appeal of the Initial Order is not timely filed, the Initial Order shall become a Final Order by operation of law fifteen (15) days after the entry date of the order denying the

petition for reconsideration or the date the petition for reconsideration was deemed denied.

Review of Final Order

Within fifteen (15) days after entry of a Final Order, a party may file a petition for reconsideration of the Final Order, in which the petitioner shall state the specific reasons why the Final Order was incorrect. A petition for reconsideration of a Final Order is not permitted when the order became a Final Order by operation of law. The petition must be filed in writing with the Division of Appeals and Hearings by e-mail at **AppealsClerksOffice.DHS@tn.gov** or by mail with the Division of Appeals and Hearings, Department of Human Services, ATTN: Commissioner's Designee, 505 Deaderick Street, Nashville, TN 37243 or you can fax your petition to us at (615) 248-7013. If no action is taken within twenty (20) days of filing of the petition of the Final Order, it is deemed denied. See Tenn. Code Ann. §4-5-317 on petitions for reconsideration.

A party may petition the Department for a stay of the Final Order within seven (7) days after the entry date of the order. See Tenn. Code Ann. §4-5-316. The petition for stay of the Final Order must be filed in writing with the Division of Appeals and Hearings by e-mail at **AppealsClerksOffice.DHS@tn.gov** or by mail at the address in section (1) above or you can fax your petition to us at (615) 248-7013.

YOU WILL NOT RECEIVE FURTHER NOTICE OF THE INITIAL ORDER BECOMING A FINAL ORDER

Further, an appellant who is aggrieved by the Final Order may petition the court for judicial review in Chancery Court of the county of residence or in Davidson County within sixty (60) days of the entry date of the Final Order. See Tenn. Code Ann. §4-5-317 and Tenn. Code Ann. §4-5-322.

CC: Brant Harrell, Appellant Attorney/Advocate

Edward J Singley, Case Prep LA, 505 Deaderick St, First Floor, Nashville, DAVIDSON, TN 37243

Melanie R Foster, Case Prep LA, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

SNAP Program Area

Amanda M Cummins, Case Prep LA, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

Michael T Donegan, Case Prep LA, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

Leann N Thornton, Program Coordinator, 505 Deaderick St, First Floor, Nashville, DAVIDSON, TN 37243

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

KATHRYN COLBERT, APPELLANT

VS

TENNESSEE DEPARTMENT OF HUMAN SERVICES

INITIAL ORDER

JURISDICTION

This case is adjudicated under 7 C.F.R. § 273.15, Tenn. Code Ann.§ 4-5-301, et seq. and Tenn. Comp. R. & Regs. 1240-05-01 through 1240-05-15. After proper notice, this case came to be heard before DHS Administrative Judge Gregory A. Petrinjak on November 19, 2024. This disposition is based upon the Request for Fair Hearing, testimony of witnesses, evidence presented at the hearing with all parties present, and upon the entire record.

Persons Present (all via telephone):
Kathryn Colbert, Appellant
Brant Harrell, Attorney for the Appellant
Candice Jones, Attorney for the Department of Human Services
Leann Thornton, Witness for the Department of Human Services

ISSUE

Whether the Department of Human Services (Department) properly denied the Appellant's application for Supplemental Nutrition Assistance Program (SNAP) benefits.

PLEADINGS, MOTIONS, AND INTERMEDIATE RULINGS

None.

EXHIBITS

Exhibit DX1 – Department – Evidence Packet (28 pages)
Exhibit PX1 – Appellant – Application for SNAP Benefits (26 pages)
Exhibit PX2 – Appellant – Notice of Decision, June 12, 2024 Denial (7 pages)
Exhibit PX3 – Appellant – Submission Re: End of Son's Employment (2 pages)
Exhibit PX4 – Appellant – Submission Re: End of Kathryn's Employment (2 pages)
Exhibit PX5 – Appellant – Kathryn's Student Verification Submission (2 pages)
Exhibit PX6 – Appellant – Notice of Decision, October 15, 2024 Approval (9 pages)

Exhibit PX7 – Appellant – Information Re: Invo PEO as Payroll Handler (2 pages)

FINDINGS OF FACT

1. On May 22, 2024, the Appellant filed an application for SNAP benefits for her household. In her application, the Appellant reported that her son was working for Signature Labor Services. The household had no other income at the time the application was filed.

2. The Department interviewed the Appellant on May 28, 2024. During the interview, the Appellant reported that her son's employment with Signature Labor Services was ending.

3. The Appellant's son was employed through Signature Labor Services, a temporary employment agency, and was on assignment doing construction work for Monolith Construction, with Invo PEO Inc. acting as the "payroll handler." *See Exhibit PX7*.

4. The son's work assignment continued through May 31, 2024, but he had no income from Signature Labor Services, Invo PEO Inc., or Monolith Construction after that date.

5. As of May 31, 2024, the household had no income.

6. On June 6, 2024, the Appellant provided a letter signed by her son stating that her son had been employed with Signature Labor Services from January 8, 2024 through May 15, 2024, but that the employer would not provide a separation notice unless the son had been terminated. In this case, the son was not terminated from Signature Labor Services, but his work assignment ended and his income stopped. The Appellant provided contact information for Signature Labor Services so that the Department could verify this information.

7. On June 7, 2024, the Appellant spoke to a Department employee on the phone and again explained that Signature Labor Services would not provide a separation notice unless an employee was fired. In this case, the son was not fired, but his work assignment ended and his income stopped.

8. On June 7, 2024, the Department reviewed information from The Work Number and determined that the Appellant's son was still employed with Invo PEO Inc.

9. On June 7, 2024, the Department concluded: "Case is over gross income standard from just the income from Invo PEO w/o the income from Signature Labor Services added in. SNAP is denied."

10. On June 10, 2024, the Department mailed the Appellant a Notice of Decision stating that her application for SNAP benefits had been denied because her household income exceeded the income limit for SNAP.

11. On June 12, 2024, the Appellant filed this appeal.

12. The son received pay from Invo PEO Inc. through May 31, 2024, but he was "NOT CURRENTLY ON PAYROLL AS OF 05/31/2024."

CONCLUSIONS OF LAW

To be eligible to receive SNAP benefits, the Appellant's household may not have gross monthly income exceeding 130% of the federal poverty level, or the gross monthly income standard for the corresponding household size. 7 C.F.R. § 273.9(a)(1)(i). However, after May 31, 2024, the Appellant's household had no income. Therefore, the Department erred in finding the household to be ineligible for SNAP benefits with no other consideration. 7 C.F.R. § 273.9(a)(1); Tenn. Comp. R. & Regs. 1240-01-04-.27(1)(a)(1). The Department erred in using the son's income from Invo PEO Inc. in calculating the household's anticipated income for June 2024 forward.

The Appellant reported that her son was employed with Signature Labor Services, but that his employment was ending. She provided a signed statement from her son listing the beginning and end dates of his employment, and explaining that his employer would not provide a separation notice because he was not "terminated." She also provided contact information for Signature Labor Services so that the Department could verify this information directly if needed. Instead, the Department relied upon the Work Number information and did not contact Signature Labor Services directly.

The confusion regarding the identity of his employer is understandable because the son was employed through a temporary employment agency, and it is not clear who was technically considered the "employer" in this situation. The Appellant and her son thought that he was employed by Signature Labor Services, but The Work Number shows the wages were being paid by Invo PEO Inc. Further, Invo PEO Inc. was apparently acting as the "payroll handler" for Monolith Construction. However, the Appellant's son had only one job, and his income ended as of May 31, 2024, before the Department made a determination in the case.

Based on these findings and the applicable federal and state regulations and state policies, the Department improperly denied the Appellant's application for SNAP benefits in this case. The Department is directed to reprocess the Appellant's application considering that the son's income ended as of May 31, 2024, and to restore any SNAP benefits that the household might have been eligible to receive.

This order is entered and effective as of the date shown on the first page.

Gregory A. Petrinjak
DHS Administrative Judge

DIVISION OF APPEALS AND HEARINGS
JAMES K. POLK BUILDING, 1ST FLOOR
505 DEADERICK STREET
NASHVILLE, TENNESSEE 37243
TELEPHONE: 833-772-8347 OR TTY: 711
FAX: (615) 248-7013

https://www.tn.gov/humanservices

KATHRYN COLBERT
8437 DIAMONDVIEW WAY
KNOXVILLE TN 37931-2223

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

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Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: Kathryn Colbert
Appeal Number: 2406405894
Customer ID: 256481488
Date: 01/07/2025

Redetermination OIU Letter

Dear Kathryn Colbert:

Per the Administrative Judges Initial Order dated December 11, 2024, your son had only one job, and his income ended as of May 31, 2024, before the Department decided in the case. Based on these findings and the applicable federal and state regulations and state policies, the Department improperly denied your application for SNAP benefits in this case.

The Department is directed to reprocess your application considering that your son's income ended as of May 31, 2024, and to restore any SNAP benefits that the household might have been eligible to receive.

Your local DHS County office reprocessed your SNAP application dated May 22, 2024. You were restored SNAP benefits on January 2, 2025, for May 2024 in the amount of $833.00. You were previously issued $88.00 for May 2024. You were issued $862.00 for June 2024, and you were previously issued $275.00 for June 2024. You were also issued $862.00 each month for July 2024, August 2024, and September 2024. You were previously issued $248.00 for July 2024, August 2024, and September 2024, and $108.00 for October 1, 2024, through October 7, 2024. You were previously issued $754.00 for October 8, 2024, through October 31, 2024. Notices were mailed to you on January 3, 2025, explaining these actions. Your appeal is closed.

Sincerely,

Mary-Glenn Hartup
Commissioner's Designee

P-Ex. 3

DECLARATION OF TAMIKA DAVIS

Pursuant to 28 U.S.C. § 1746, Tamika Davis declares as follows:

1. I am one of the named plaintiffs in the above-referenced action.

2. I know the factual allegations made in the Complaint about me and my family.

Those allegations are truthful.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at Nashville, Tennessee on this 2nd day of January 2025.

Respectfully submitted,

Tamika Davis

P-Ex. 4

DECLARATION OF MISSAES DESJARDINS

Pursuant to 28 U.S.C. § 1746, Missaes Desjardins declares as follows:

1. I am one of the named plaintiffs in the above-referenced action.

2. I know the factual allegations made in the Complaint about me and my family.

Those allegations are truthful.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at Nashville, Tennessee on this 3rd day of January 2025.

Respectfully submitted,

Missaes Desjardins
Missaes Desjardins (Jan 3, 2025 11:03 PST)

Misseas Desjardins

DAVIDSON CO. DEPT. OF HUMAN SERVICES
227 FRENCH LANDING DRIVE
FIRST FLOOR
NASHVILLE, TN 37228-1605

https://www.tn.gov/humanservices

MISSAES DESJARDINS
PO BOX 60074
NASHVILLE TN 37206

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

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You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Missaes Desjardins
Case Number: 255968098
Customer ID: 205910422
Date: 09/03/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

SNAP

You are still eligible for SNAP benefits. Your SNAP benefits have changed, and you will receive $768.00 as of October 01, 2024 for the reasons listed below:

Reason
Change in income limits

For the month of October 2024, through December 2024, you will receive $768.00.

- If you are a Simplified Reporting household, you must report the following changes:
  - o If the amount of money that comes into your household goes above the gross income limit $2,798.00 for your household size in a month, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household is an ABAWD (Able bodied Adult Without Dependents) whose hours go below an average 20 hours per week, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household wins $4,250.00 or more from the lottery or gambling, report this information 10 calendar days of the receipt of the winnings.
- Non-simplified reporting households are required to report changes within ten (10) days of the date the change becomes known to the household.

Comments: Effective October 1, 2024 changes have been made to SNAP allotment amount due to changes in Federal standards.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?
Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):
You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:

- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:

- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.
You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https:// www.fns.usda.gov/snap/state-directory.

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR?s Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

Tennessee Department of Human Services

Change Report

CASE NAME:_____CASE#:_____DATE:_____

PERSON REPORTING:_____PHONE#:_____SOC.SEC.#:_____

Do you need help in obtaining the required verifications ? Yes_____ No_____

IMPORTANT NOTICE ABOUT REPORTING CHANGES TO YOUR SNAP CASE

If your caseworker tells you that your case is now "Simplified Reporting" for Supplemental Nutrition Assistance Program(SNAP) benefits, you have to report to us if your household has an employed ABAWD(Able Bodied Adults Without Dependents) whose hours go below an average 20 hours per week, if there is a change in your total monthly gross income, as shown below or if a household member receives lottery or gambling winnings over $4,250.00. Clients may submit an application for benefits and certification materials to their county office by mail, hand-delivery, or apply online at https://OneDHS.tn.gov.

If this many people live in your home and buy and fix food together	**You have to report to us if your total monthly income(before anything is taken out) goes over**
1	$1,632.00
2	$2,215.00
3	$2,798.00
4	$3,380.00
5	$3,963.00
6	$4,546.00
7	$5,129.00
8	$5,712.00
9	$6,295.00
10	$6,878.00

10-01-2024

*For each additional person, add $583.00

If your total monthly income goes over the amount we show for your family (household) size above or if you are subject to rules about Able-bodied and your work hours go below 20 hours per week, **you must tell us about it by the 10th day of the next month after your change.** If a household member receives $4,250.00 or more in lottery or gambling winnings, **you must tell us within 10 (ten) days of receipt of the winnings**. Households are free to report other changes for SNAP Simplified Reporting cases, but you are not required to do so. If you report changes, it may affect your benefits. SNAP cases that aren't simplified reporting must report all changes within 10 days.

Families First Changes

You must still report ALL changes for Families First within 10 days. If you report changes, it may affect your benefits. For Families First the addition of a new household member will not be processed until an application is submitted.

ADDRESS CHANGE

New Address?_____Rent Amount?_____

Landlord?_____LL Address/Phone:_____

House Payment Amt?_____Homeowner's Insurance Amt?_____Property Tax Amt?_____

Utility Bills? Yes_____No If no, who pays them for you ? _____

Has anyone moved in or out of your household? If so who?_____New Phone#:_____

ADDING HOUSEHOLD MEMBERS

Name of person(s) to be added:_____

Date(s) of birth:_____What relationship is the person(s) to you?_____

Has the person(s) ever received benefits in another state, country or case? If so, where and when ?_____

Income: Yes_____No_____Type: Earned_____Unearned_____Self-employment_____

If yes, complete the Employment and/or Unearned Income sections.

Resources: Yes____No____Type:_____Amount:_____

*Social Security Numbers are used to check computer systems before new members may be added to the case. If you have a social security number, and you are a U.S. citizen, legal alien, or eligible immigrant, then you must apply for benefits if you are a mandatory family member. DHS does not need any Social Security numbers or citizenship/immigration status for household members not applying for benefits. If a social security number is provided for someone who is not applying for benefits, it will not be sent to the United States Citizenship and Immigration Services(USCIS) in order to verify their status.

REMOVING HOUSEHOLD MEMBERS

Person Leaving_____When? _____
Where did they go?_____

FEDERAL AND/OR STATE CONVICTIONS

Have you or anyone in your household been found guilty of receiving Families First (cash benefits) or SNAP benefits from two or more states at the same time? Yes_____No_____
Are you or anyone in your household a fleeing felon? Yes_____No_____
Do you or anyone in your household have parole or probation violations? Yes_____No_____
Have you or anyone in your household been found guilty of a drug related felony that was committed after August 22,1966? Yes___No___

EMPLOYMENT/CHILD CARE

Who:_____Where:_____Date Change Occurred:_____
Pay per hour: $_____Hours per week:_____Monthly Amt: $_____Date of first check:_____
Frequency Paid:_____Day of Week Paid:_____Supervisor:_____Address/Phone of Employer:_____
_____Child Care Expense: $_____
_____Frequency Paid:_____Provider:_____Phone:_____

LEAVING EMPLOYMENT

Who:_____Employer:_____Phone Number:_____
Last day/date of work:_____Date of last check:_____
Why did you leave your job?_____ Did you get a lay-off slip? Yes_____No_____
Have you applied for Unemployment Compensation? Yes___No____ Are you eligible? Yes____No____

UNEARNED INCOME/MEDICAL EXPENSES

Household member receiving income:_____ Is this temporary?_____
Income Source:_____Monthly Amt of Income:$_____Claim No.:_____
When did payments begin?_____Did you receive lump sum? Yes_____No_____Amt: $_____
How often will you receive your income?_____ Benefits are based on: Disability?_____Elderly?_____
Out-of-Pocket medical expenses: HH member:_____Amt: $_____Provider: _____

If your case is "Simplified Reporting" (SR) for SNAP benefits, you may have different reporting requirements. Your caseworker will let you know if these requirements apply to you. If you have a 24 month certification, you will receive a 12 month mid certification form that you **must** return in order to continue your SNAP benefits.

We will send the Form to you and provide you with a self addressed, stamped envelope. **If you do not complete and return the report form to your caseworker by the due date, your SNAP benefits will end.** The next time you renew your SNAP, you will receive a telephone interview. You can ask for a face-to-face interview at DHS office if you want one. Need to report a change? Have a question? Need help? Call us. This call is free. **Family Assistance Service Center** 1-866-311-4287. We are here to help you from Monday through Friday.

USDA Nondiscrimination Statement

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

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1. **mail**: Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax**: (833) 256-1665 or (202) 690-7442; or
3. **phone**: (833) 620-1071; or
4. **email**: FNSCivilRightsComplaints@usda.gov.

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DAVIDSON CO. DEPT. OF HUMAN SERVICES
227 FRENCH LANDING DRIVE
FIRST FLOOR
NASHVILLE, TN 37228-1605

https://www.tn.gov/humanservices

MISSAES DESJARDINS
PO BOX 60074
NASHVILLE TN 37206

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Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: Missaes Desjardins
Case Number: 255968098
Customer ID: 205910422
Date: 09/13/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

SNAP

Your SNAP case will be terminated on September 30, 2024 for the following reason(s):

Reason
Your income exceeds the income limit for SNAP.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):

You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:

- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:

- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

Case 3:25-cv-00041 Document 23-6 Filed 01/24/25 Page 15 of 27 PageID #: 339

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil

rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

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CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

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1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

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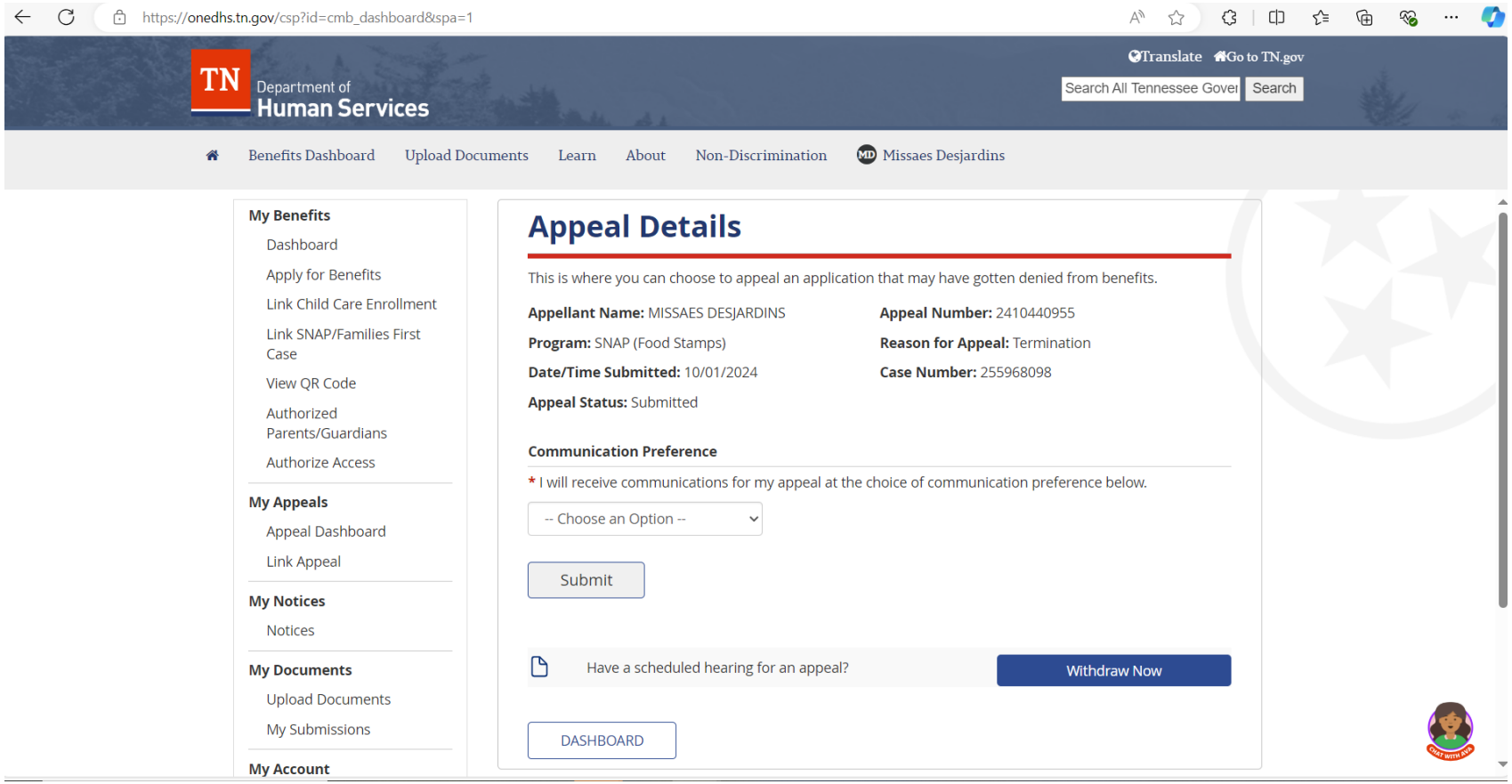
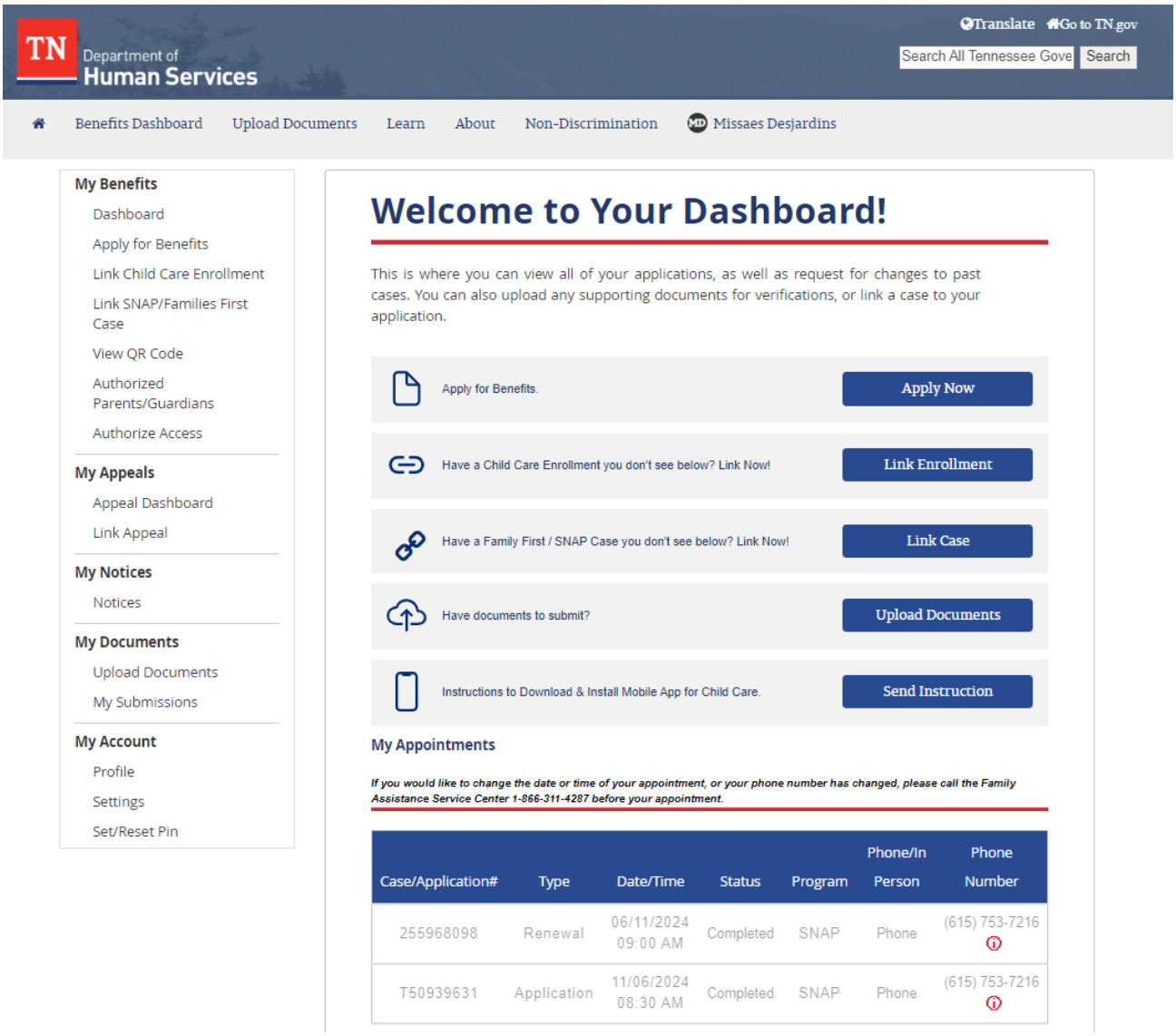
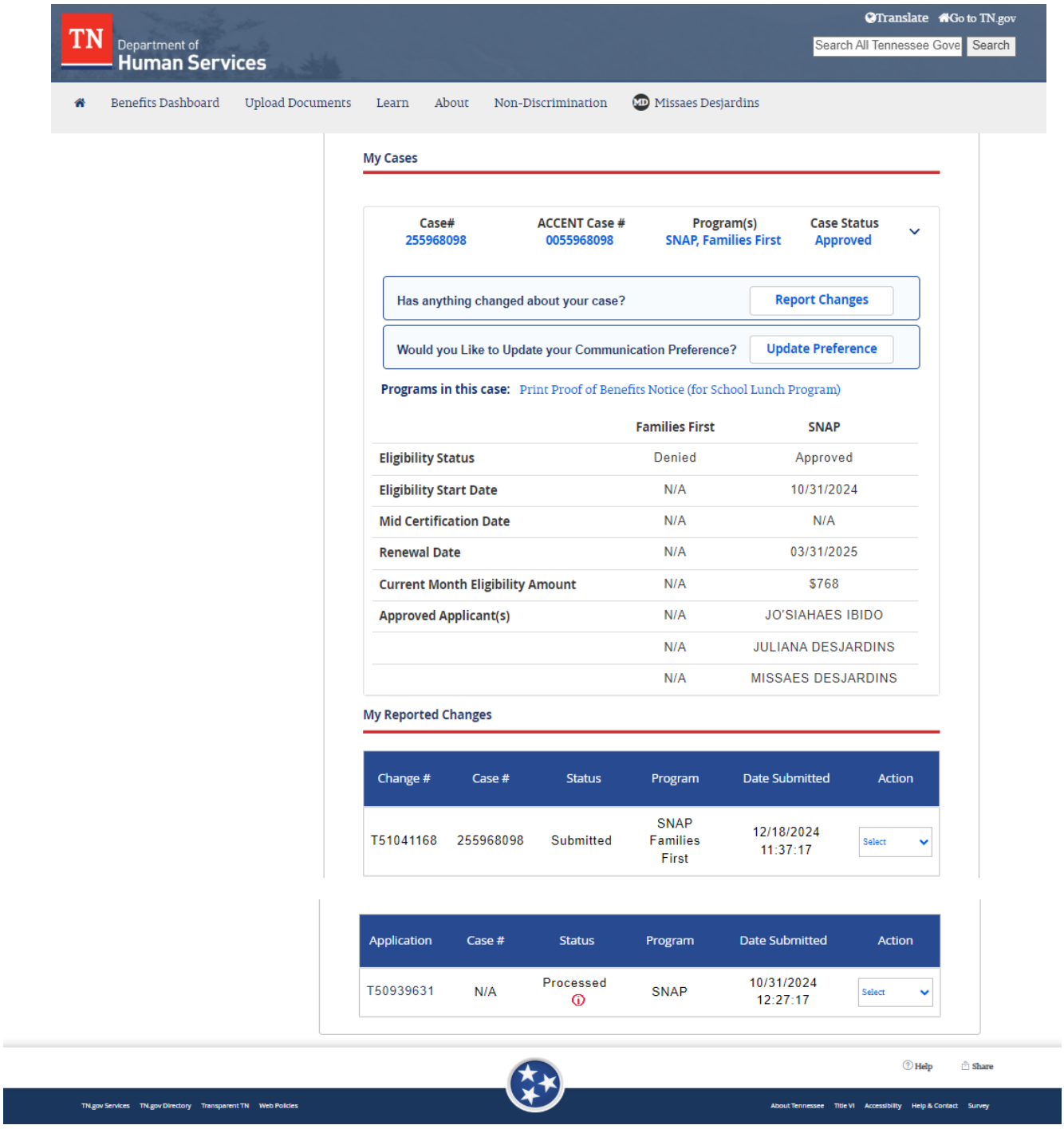
Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

OneDHS Appeal Screen




TN Department of Human Services
Translate
Go to TN.gov
Search All Tennessee Gove
Search
Benefits Dashboard
Upload Documents
Learn
About
Non-Discrimination
MD Missaes Desjardins
My Benefits
Dashboard
Apply for Benefits
Link Child Care Enrollment
Link SNAP/Families First Case
View QR Code
Authorized Parents/Guardians
Authorize Access
My Appeals
Appeal Dashboard
Link Appeal
My Notices
Notices
My Documents
Upload Documents
My Submissions
My Account
Profile
Settings
Set/Reset Pin
Welcome to Your Dashboard!
This is where you can view all of your applications, as well as request for changes to past cases. You can also upload any supporting documents for verifications, or link a case to your application.
Apply for Benefits.
Apply Now
Have a Child Care Enrollment you don't see below? Link Now!
Link Enrollment
Have a Family First / SNAP Case you don't see below? Link Now!
Link Case
Have documents to submit?
Upload Documents
Instructions to Download & Install Mobile App for Child Care.
Send Instruction
My Appointments
If you would like to change the date or time of your appointment, or your phone number has changed, please call the Family Assistance Service Center 1-866-311-4287 before your appointment.
Case/Application# Type Date/Time Status Program Phone/In Person Phone Number
255968098 Renewal 06/11/2024 09:00 AM Completed SNAP Phone (615) 753-7216
T50939631 Application 11/06/2024 08:30 AM Completed SNAP Phone (615) 753-7216


TN Department of Human Services
Translate
Go to TN.gov
Search All Tennessee Gove
Search
Benefits Dashboard
Upload Documents
Learn
About
Non-Discrimination
MD Missaes Desjardins
My Cases
Case# 255968098
ACCENT Case # 0055968098
Program(s) SNAP, Families First
Case Status Approved
Has anything changed about your case?
Report Changes
Would you Like to Update your Communication Preference?
Update Preference
Programs in this case: Print Proof of Benefits Notice (for School Lunch Program)
Families First
SNAP
Eligibility Status Denied Approved
Eligibility Start Date N/A 10/31/2024
Mid Certification Date N/A N/A
Renewal Date N/A 03/31/2025
Current Month Eligibility Amount N/A $768
Approved Applicant(s) N/A JO'SIAHAES IBIDO
N/A JULIANA DESJARDINS
N/A MISSAES DESJARDINS
My Reported Changes
Change # Case # Status Program Date Submitted Action
T51041168 255968098 Submitted SNAP Families First 12/18/2024 11:37:17 Select
Application Case # Status Program Date Submitted Action
T50939631 N/A Processed SNAP 10/31/2024 12:27:17 Select
Help
Share
TN.gov Services
TN.gov Directory
Transparent TN
Web Policies
About Tennessee
Title VI
Accessibility
Help & Contact
Survey

DAVIDSON CO. DEPT. OF HUMAN SERVICES
227 FRENCH LANDING DRIVE
FIRST FLOOR
NASHVILLE, TN 37228-1605

https://www.tn.gov/humanservices

MISSAES DESJARDINS
PO BOX 60074
NASHVILLE TN 37206-0074

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Missaes Desjardins
Case Number: 255968098
Customer ID: 205910422
Date: 11/19/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

SNAP

Your application for SNAP benefits has been completed. You have been determined eligible for SNAP for the months of October 2024 through March 2025.

Your first allotment for the months of October 2024, November 2024 and December 2024 will be $1,414.00 and then you will receive $696.00 each month.

Please note that if you applied after the first day of the month, your first month of benefits is a partial benefit.

Your first month's SNAP benefits will be available once you receive your Electronic Benefits Transfer (EBT) card or if you already have a card, they will be available immediately.
You will receive your benefit on the 9th day of each month.

- If you are a Simplified Reporting household, you must report the following changes:
  - o If the amount of money that comes into your household goes above the gross income limit $2,798.00 for your household size in a month, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household is an ABAWD (Able bodied Adult Without Dependents) whose hours go below an average 20 hours per week, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household wins $4,500.00 or more from the lottery or gambling, report this information 10 calendar days of the receipt of the winnings.
- Non-simplified reporting households are required to report changes within ten (10) days of the date the change becomes known to the household.

Households approved for SNAP will continue to receive them unless there is a change in their situation.

If your household is certified for 24 months you will need to provide a completed Mid-Certification Form in your 12th month of receiving SNAP.
You will need to complete a SNAP Renewal in March, 2025 to review your eligibility**.** Before your eligibility ends, we will send you a letter telling you what to do to keep getting SNAP benefits.

You can continue to use your EBT benefits on your card until the SNAP benefits in your

account are gone. We will permanently expunge unused SNAP benefits from your account after nine months of inactivity. They will no longer be available after that time.

If you do not already have one, you will get an electronic benefit transfer (EBT) card in the mail in the next few days. EBT cards look like a debit or credit card. You use it to pay for groceries with your SNAP benefits or withdraw cash with your Families First benefits. Your EBT card will come with instructions about how to use it, how to set a personal identification number (PIN), and how to check the balance.

If you already have an EBT card, you can continue to use that card and PIN. Please keep this card it can be used in the future. If you have an EBT card and cannot find it, call EBT Customer Service at 1-888-997-9444 to request a replacement.

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Do you want to see if you can get free legal help?
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1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
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This institution is an equal opportunity provider.

P-Ex. 5

DECLARATION OF EMILY GUGLIEMELLI

Pursuant to 28 U.S.C. § 1746, Emily Gugliemelli declares as follows:

1. I am one of the named plaintiffs in the above-referenced action.

2. I know the factual allegations made in the Complaint about me and my family.

Those allegations are truthful.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at Cleveland, Tennessee on this the 10th day of December 2024

Respectfully submitted,

/s/ Emily Gugliemelli
Emily Gugliemelli (Dec 10, 2024 18:44 EST)

Emily Gugliemelli

BRADLEY CO. DEPT. OF HUMAN SERVICES
4625 NORTH LEE HIGHWAY
CLEVELAND, TN 37312-4042

https://www.tn.gov/humanservices

EMILY D GUGLIEMELLI
2536 BENTON PIKE NE
CLEVELAND TN 37323-5410

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Emily D Gugliemelli
Case Number: 119299161
Customer ID: 259347090
Date: 05/01/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

SNAP

Your SNAP case will be terminated on April 30, 2024 for the following reason(s):

Reason
You did not cooperate with us on the review/recertification of your eligibility

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?
Call Legal Services or Legal Aid at 423-479-8577.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):
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1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

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OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

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Tennessee Department of Human Services
FAMILY ASSISTANCE APPLICATIONS

We will take your application with only your name, address, and signature. But the more you tell us, the faster we can see if you can get help. If you are approved, your benefits may start from the date we receive your application. In most cases you will need to talk with a TDHS worker to complete the application process.

You may be able to get SNAP in 7 days if:

1. Your household's monthly income is less than $150, and you now have resources of $100 or less.
2. Your shelter cost (plus utilities) is higher than your monthly income plus savings.
3. You do seasonal farm or migrant work.

If you have a disability that makes it hard for you to fill out or understand this application, we can help. We can call or visit you if you cannot come to our office. Clients may submit an application for benefits and certification materials applying online at https://onedhs.tn.gov, to their county office by mail, hand-delivery, or you may fax your application to your local county office.

Your application tracking number is **T50469351**. You will need this number if you want information about the status of your application.

Sign and Submit:

I swear under penalty of perjury (making false statements under oath) and all other applicable penalties that the statements made on this application, any attachments, and to whoever interviewed me are true and correct. All persons applying for or receiving aid are U.S. citizens, legal aliens, or eligible immigrants. I understand and agree to the rules and information given to me. If asked, I will give information that proves my statement, or I give TDHS permission to get proof. I understand I must report any changes the way TDHS tells me to. I understand that the information I provide will be subject to verification by federal, state, and local officials to determine if such information is factual.

Release: The State of Tennessee or people who work for it may need to prove the information I gave is true. By signing this paper, I am saying it is OK to get proof. This will let them decide if I can get SNAP or Families First. I am also saying that I have read and understand the Statement of Understanding.

Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to $250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/ Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else's card.

Signature of Client: Emily d gugliemelli

Date: 05/02/2024 12:01:23

Head of Household

Emily Gugliemelli | Age: 31			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
What is the language most commonly spoken in the household?		**If an interview is required will you need an interpreter?**	
English		No	
Do you consider yourself homeless?		**Which Tennessee County do you reside closest to?**	
No		N/A	
Do you need an EBT Card?			
No			
Where You live		**Mailing Address**	
3712 Stephens Rd NE apt65 Cleveland, Tennessee 37312-5776, County - Bradley		N/A	
Home Phone	**Cell Phone**	**Work Phone**	**Email Id**
423-250-4976	N/A	N/A	emmyguge1319@gmail.com

What is the best time to call you during the weekday?	**What is the best mode to contact you?**	**Who is completing this application?**
N/A	Cell/Other Phone	Self
Do you have a disability or Language barrier that requires an accommodation?	**What type of assistance do you need?**	**If other, describe accommodation needed**
No	N/A	N/A
Are you registered to vote where you live now?	**Would you like to vote?**	**Do you want TDHS to mail a voter registration form to you?**
No	No	No

Federal and/or State Convictions

Your SNAP benefits may end if you:

- Give incorrect information or hide facts to get SNAP benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.

If you break these rules, you will not get SNAP benefits for:
1 year the first time, 2 years the second time, and forever the third time.

If you trade SNAP benefits for drugs. You can be cut off for:
2 years the first time and forever the second time.

You may be cut off SNAP forever if you're found guilty of:

- Trading SNAP benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);
- Selling SNAP benefits worth $500 or more.

Don't give incorrect information about who you are or where you live to receive multiple SNAP benefits. Giving incorrect information can keep you from getting SNAP benefits for 10 years.

Have you or anyone in your household been found guilty of receiving TANF (cash benefits) or SNAP benefits from two or more states at the same time?
No
Has anyone used TANF funds at the following establishments: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and/or licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories? (TANF only)
N/A
Have you or any household member been convicted of buying or selling SNAP benefits over $500?
No
Do you or anyone in your household have a felony conviction because of behavior related to the possession, use or distribution of a controlled drug substance after 08/22/96 (SNAP & TANF)?
No
Are you or any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a convicted felony crime or attempted felony crime, or may have violation(s) of such, or are not in compliance with the conditions of parole or probation?
No
Have you or any household member been convicted of trading SNAP benefits for drugs or controlled

substance?
No
Have you or any member of your household been convicted as an adult of aggravated sexual abuse, murder, sexual exploitation, and other abuse of children, a Federal or State offense involving sexual assault, or an offense under State law determined by the Attorney General to be substantially similar to such an offense, after February 7, 2014?
No
Has anyone you are applying for received SNAP & TANF from another state within the last 30 days?
No

Authorized Representative

Would you like to name an Authorized Representative at this time? No	
Authorized Representative Email	N/A
Home Phone	N/A
EXT	N/A
Cell/Other Phone	N/A
EXT	N/A
Work Phone	N/A
EXT	N/A
Authorized Representative Address	N/A
May apply for SNAP benefits for me?	N/A
May use my SNAP benefits for me?	N/A
May receive my SNAP benefits for me?	N/A
May apply for Families First benefits for me?	N/A
May use my Families First benefits for me?	N/A
May receive my Families First benefits for me?	N/A

Expedited SNAP Benefits

Do you have $100 or less in cash or in the bank?	Yes
How much cash or money in the bank do you have?	$30.00
Do you get less than $150 a month in income or other benefits (such as employment, social security, or child support)?	No
How much money do you get a month in income or other benefits (such as employment, social security, or child support)?	$500.00
Is your income plus your savings this month less than your shelter costs (for example: rent, mortgage, utilities)?	No
How much do you pay in rent/mortgage?	$650.00
What type of Utility Expense(s) do you pay? (Multi-Select)	Heating/Cooling
Is someone in your household a migrant or seasonal farm worker?	No

People In Your Home

Emily d Gugliemelli | Age: 31			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity		Non-Hispanic	
Gender		Female	
Date of birth		[redacted]/1992	
Social Security Number		[redacted]3394	
Marital Status		Single	
US Citizen?		Yes	
If No, what is this individual's A-number?		N/A	
Is this individual pregnant?		Yes	
Pregnancy Due Date		07/01/2024	
What is this individual's education status?		Not in school	
Type of School		N/A	
Where is the individual currently attending school?		N/A	
Current number of credit hours		N/A	
Type of pending degree/certification		N/A	
Disability		No	
Race		White	
What is this individual's living arrangement?		At Home	
If not in the home, when did this living arrangement begin?		N/A	
Is this individual actively serving in the military?		No	
Is this individual actively serving in the military reserve?		No	
Enter the location/duty:		N/A	

Relationship to Head of Household	Self
Relationship to L[redacted]	is the mother of
Relationship to Nathaniel p arsenault	is related in another way to

[redacted] g[redacted] | Age: 4			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity	Non-Hispanic		
Gender	Female		
Date of birth	[redacted]2019		
Social Security Number	[redacted]5166		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	N/A		
Pregnancy Due Date	N/A		
What is this individual's education status?	Not in school		
Type of School	N/A		
Where is the individual currently attending school?	N/A		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	No		
Race	White		
What is this individual's living arrangement?	At Home		
If not in the home, when did this living arrangement begin?	N/A		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		
Relationship to Head of Household	is the daughter of		

Relationship to Nathaniel p arsenault	is the daughter of

Nathaniel p arsenault | Age: 31			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity	Non-Hispanic		
Gender	Male		
Date of birth	[redacted]/1992		
Social Security Number	[redacted]0391		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	N/A		
Pregnancy Due Date	N/A		
What is this individual's education status?	Not in school		
Type of School	N/A		
Where is the individual currently attending school?	N/A		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	No		
Race	White		
What is this individual's living arrangement?	At Home		
If not in the home, when did this living arrangement begin?	N/A		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		
Relationship to Head of Household	is related in another way to		

Relationship to L[redacted]	is the father of

Employment Information

Nathaniel p arsenault - food city			
Employer Phone Number	**Employment Start Date**	**How often is this individual paid?**	**Hourly Wage**
423-473-2066	05/10/2024	Weekly	$12.50
Hours per week	**Does this individual still have this job?**	**Date of last payment**	**Amount of last payment**
30	Yes	N/A	N/A
Employer Address			
255 ocoee crossing nw Cleveland, Tennessee 37312			

Self-Employment Information

Is anyone in the household self-employed? No				
Type of Self-Employment	**Monthly Income**	**Hours per week**	**How much income (before taxes) will this individual earn annually?**	**What is this individual's annual expenses related to this self-employment?**
N/A	N/A	N/A	N/A	N/A

Other Income Information

Does anyone in the household get income from another source? No			
Type of Income	**First Payment Date**	**How often is this individual paid?**	**Claim ID**
N/A	N/A	N/A	N/A
How much does this individual receive each time?		**How much income (before taxes) does this individual receive from this source a month?**	
N/A		N/A	

Cash Resource Information

Does anyone in the household have cash? No
How much cash does this person have?
N/A

Checking and Saving Account Resource Information

Does anyone in the household have a checking or savings account? No	
Type of Account	**Total Balance**
N/A	N/A

Certificate of Deposit Resource Information

Does anyone in the household have certificates of deposit? No
Total Balance
N/A

Stocks, Bonds and Mutual Funds Resource Information

Does anyone in the household have stocks, bonds, or mutual funds? No	
Type	**What is the value?**
N/A	N/A

Retirement Resource Information

Does anyone in the household have a retirement account? No
What is the Balance?
N/A

Other Resource Information

Does anyone in the household have any other resources? No	
Resource Type	**What is the Value?**
N/A	N/A

Joint Account

Are any of these accounts joint accounts? No
Are any of these Joint Accounts?
No

Child Care Expense Information

Does anyone in the household have Child Care Expenses? No	
How often is this Child Care Expense paid?	N/A
Amount paid each time?	N/A
Who provides this Child Care?	N/A
Child Care Provider Name	N/A

Shelter Expenses Information

Does anyone in the household have Living Expenses (i.e. Rent/Mortgage, Gas/Electric, Phone)? No	
Shelter Expense Type	N/A
How often is the Shelter Expense paid?	N/A
Amount paid each time?	N/A

Utility Expenses Information

Does anyone in the household have Living Expenses (i.e. Rent/Mortgage, Gas/Electric, Phone)? No	
Does this Utility Expense include heating or cooling costs?	N/A
Utility Expense Type(s):	N/A
Monthly Amount	N/A

Medical Expense Information

Does anyone in the household have Medical Expenses? No	
Type of Medical Expense	N/A
How often is the Medical Expense paid?	N/A
Amount paid each time?	N/A

Child Support Payments Information

Does anyone in the household make Child Support Payments? No
Monthly Amount
N/A

Permission To Release School Attendance Records

I (client) give permission for the school attendance records of children on this application to be released to the Tennessee Department of Human Services by the Tennessee Department of Education or my child's school. The Department of Human Services will use these records, including social security numbers to help me meet my Families First Responsibilities. The records will be destroyed when they are no longer needed.
Yes
Are you willing to comply with child support?
N/A

Non-Discrimination

TDHS is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to

USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

You may also write Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 505 Deaderick Street, Nashville, TN 37243, (615) 313-4700.

Penalties For SNAP Violations:

Your SNAP/Food Stamp benefits may end if you:

- Give incorrect information or hide facts to get SNAP benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.

If you break these rules, you will not get SNAP/Food Stamp benefits for:

- First Offense: 1 year of no SNAP benefits;
- Second Offense: 2 Years of no SNAP benefits;
- Third Offense: You will NEVER be eligible for SNAP benefits.

If you trade SNAP/Food Stamp benefits for drugs/controlled substances. You can be cut off for:

- First Offense: 2 years of no SNAP benefits;
- Second Offense: You will NEVER be eligible for SNAP benefits again.

You'll be cut off the SNAP/Food Stamp Program forever if you're found guilty of:

- Trading SNAP/Food Stamp benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);
- Selling SNAP/Food Stamp benefits worth $500 or more.

Don't give incorrect information about who you are or where you live to receive multiple SNAP/Food Stamp benefits. Giving incorrect information can keep you from getting SNAP/Food Stamp benefits for 10 years.

Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to $250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else's card.

Penalties For Families First Violations:

Your Families First benefits may end if you:

- Give incorrect information or hide facts to get Families First benefits;
- Use your Benefit Security Card (EBT Card) in a prohibited location: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories.

If you give incorrect information, you will not be ineligible for Families First benefits for:

- First Offense: 6 months of no Families First benefits;
- Second Offense: 1 year of no Families First benefits;
- Third Offense: You will NEVER be eligible for Families First benefits.

You will not get Families First benefits for ten (10) years if you get cash assistance payments in two (2) states at the same time.

Fair Hearing Appeal Policy

You have the right to appeal any action or decision made by this agency. A Fair Hearing will allow you to explain how you feel the action or decision did not follow policy. The Fair Hearing officer will decide if the policy was correctly followed or not followed by the agency. Individuals who wish to appeal must complete and submit the HS-3058 Consolidated Appeal Request Form within ten (10) calendar days of the denial or termination notice.

If you request a Fair Hearing within ten (10) calendar days following the action or decision, you may choose to continue receiving child care payment assistance during the appeal process. If you request a Fair Hearing after ten (10) calendar days from the date of the action or decision, child care payment

assistance will not continue to be paid during the appeal process. If you do choose to continue receiving child care payment assistance during the Fair Hearing process and it is later decided that you were not eligible for payment assistance, you will be required to repay the full amount of child care payment assistance you were not entitled to receive.

You will not be penalized or treated unfairly by your Child Care Specialist or other Certificate Program staff for requesting a Fair Hearing. You may bring a friend, relative or lawyer to the Fair Hearing to speak on your behalf.

Drug Screening Information:

Effective July 1, 2014, state law requires the Department of Human Services (DHS) to screen any cash assistance applicant eighteen (18) years of age or older(or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative), who is otherwise eligible for cash assistance, for the use of a controlled substances. In a two (2)-parent household, only one (1) parent, the applicant, will be screened. T.C.A. § 71-3-1202.

These controlled substances include the following:

- Marijuana (cannabis, pot, weed, etc.);
- Cocaine (coke, blow, crack, rock, etc.);
- Methamphetamine/Amphetamine type stimulants (speed, meth, ecstasy, X, ice, etc.);
- Opiates (heroin, morphine, methadone, opium, Buprenorphine, codeine, etc.).

If your screening results indicate that you use controlled substances, you will be required to take a drug test.
If you are currently taking a prescription medication, which you believe may contain any of the above controlled substances, you may provide verification of the valid prescription to the Medical Review Officer after taking the drug test. No drug for which an individual has a current and valid prescription shall be the basis for denial of cash assistance. T.C.A. § 71-3-1202(d)(2).

If you are required to take a drug test and your results are positive, you will be required to submit to a substance abuse evaluation and may be required to undergo substance abuse treatment. If you fail to submit to a substance abuse evaluation or undergo required substance abuse treatment, your needs will be removed from the household, and your cash assistance benefits will be reduced. T.C.A. § 71-3-1202(h).

Each Families First/TANF applicant age eighteen (18) or older (or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative) must answer the questions contained on this form.

Important Information

- **You will be denied benefits until you submit this form and DHS determines you can receive benefits.**
- **You will be notified if DHS does not receive this completed form, other necessary information, and/or any necessary drug test by the stated deadline.**

YOU WILL BE DENIED BENEFITS IF:

- **You do not fill out this form completely and return it by the requested date.**
- **You fail or refuse to take a drug test, if required, based on your answers on this form.**
- **You do not provide other information necessary to determine your eligibility, including the results of a drug test, if necessary.**

Use Of Drug Screening And Test Results

By law, all information regarding this screening form and any drug testing results you may have are confidential and will not be released to law enforcement and cannot be used in any criminal proceedings.

However, **any evidence discovered as a result of this screening, or as a result of a later drug test, that the Department determines supports a reasonable cause to believe that parental abuse, sexual abuse, or neglect of a child has occurred, is required by state law to be reported to the Department of Children's Services,** and can be used in any civil court proceeding involving the protection and custody of that child or in any permanency proceeding in court involving foster care of that child or termination of parental rights to that child. In addition, this information can be used by the Department in any appeal you may file to find out if DHS has made a mistake in determining if you can get TANF/Families First benefits, or it can be used in any civil or administrative matter that concerns defense of a case filed by you against the Department or the drug testing agency. T.C.A. § 71-3-1204.

BRADLEY CO. DEPT. OF HUMAN SERVICES
4625 NORTH LEE HIGHWAY
CLEVELAND, TN 37312-4042

https://www.tn.gov/humanservices

EMILY GUGLIEMELLI
3712 STEPHENS RD NE
APT 65
CLEVELAND TN 37312

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Emily Gugliemelli
Case Number: 119299161
Customer ID: 259347090
Date: 05/08/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

SNAP

Your application for SNAP benefits has been completed. You have been determined eligible for SNAP for the months of May 2024 through October 2024.

For the month of May 2024, you will receive $741.00.

Please note that if you applied after the first day of the month, your first month of benefits is a partial benefit.

Your first month's SNAP benefits will be available once you receive your Electronic Benefits Transfer (EBT) card or if you already have a card, they will be available immediately.
You will receive your benefit on the 19th day of each month.

- If you are a Simplified Reporting household, you must report the following changes:
  - o If the amount of money that comes into your household goes above the gross income limit $2,694.00 for your household size in a month, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household is an ABAWD (Able bodied Adult Without Dependents) whose hours go below an average 20 hours per week, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household wins $4,250.00 or more from the lottery or gambling, report this information 10 calendar days of the receipt of the winnings.
- Non-simplified reporting households are required to report changes within ten (10) days of the date the change becomes known to the household.

Households approved for SNAP will continue to receive them unless there is a change in their situation.

If your household is certified for 24 months you will need to provide a completed Mid-Certification Form in your 12th month of receiving SNAP.
You will need to complete a SNAP Renewal in October, 2024 to review your eligibility**.** Before your eligibility ends, we will send you a letter telling you what to do to keep getting SNAP benefits.

You can continue to use your EBT benefits on your card until the SNAP benefits in your account are gone. We will permanently expunge unused SNAP benefits from your account after nine months of inactivity. They will no longer be available after that time.

If you do not already have one, you will get an electronic benefit transfer (EBT) card in the mail in the next few days. EBT cards look like a debit or credit card. You use it to pay for groceries with your SNAP benefits or withdraw cash with your Families First benefits. Your EBT card will come with instructions about how to use it, how to set a personal identification number (PIN), and how to check the balance.

If you already have an EBT card, you can continue to use that card and PIN. Please keep this card it can be used in the future. If you have an EBT card and cannot find it, call EBT Customer Service at 1-888-997-9444 to request a replacement.

Comments: Provide employer's statement for June 2024 for Nathaniel from Food City.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 423-479-8577.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):

You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:

- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:

- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://www.fns.usda.gov/snap/state-directory.

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

BRADLEY CO. DEPT. OF HUMAN SERVICES
4625 NORTH LEE HIGHWAY
CLEVELAND, TN 37312-4042

https://www.tn.gov/humanservices

EMILY GUGLIEMELLI
3712 STEPHENS RD NE
APT 65
CLEVELAND TN 37312

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Emily Gugliemelli
Case Number: 119299161
Customer ID: 259347090
Date: 06/05/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

SNAP

Your SNAP case will be terminated on May 31, 2024 for the following reason(s):

Reason
A mandatory member refused or failed to verify required information for Earned Income

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

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If you cannot do something we asked you to do:

- We can help you do it, or
- We can change what you have to do.

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- We can help you to appeal.

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You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://www.fns.usda.gov/snap/state-directory.

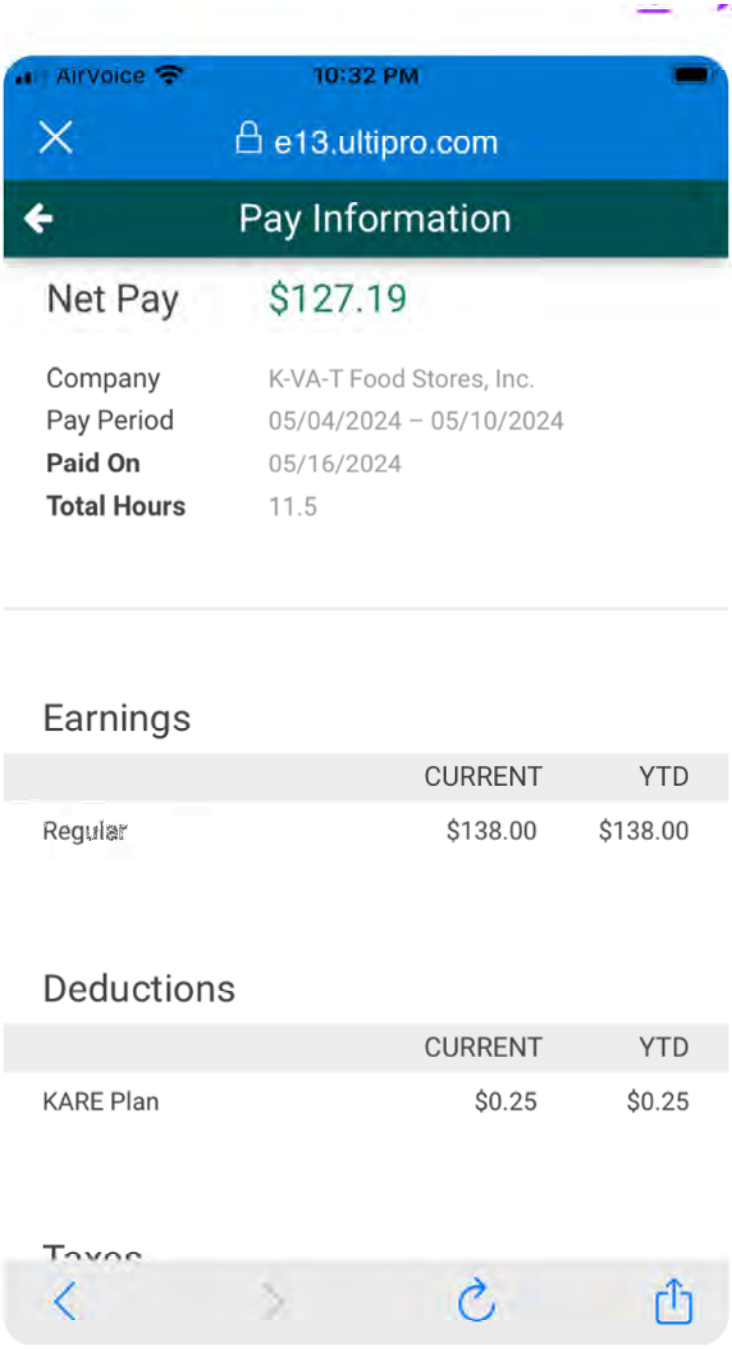
CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at Centralized Case

Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.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Pay Information
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Company
K-VA-T Food Stores, Inc.
Pay Period
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Paid On
05/16/2024
Total Hours
11.5
Earnings
CURRENT
YTD
Regular
$138.00
$138.00
Deductions
CURRENT
YTD
KARE Plan
$0.25
$0.25
Taxes

Tennessee Department of Human Services
Appeal Request

How long do I have to file an appeal? (All Calendar Days)

Program	Time Limit to Appeal	Time Limit to Appeal and have Benefits continued
SNAP	90 days from date of notice	10 days from date of notice
Families First	90 days from date of notice	10 days from date of notice
Child Care Services (Smart Steps)	10 days from date of notice	10 days from date of notice
Child Support	• 20 days from the date of service of the notice in licenses revocation proceedings • 15 days from the date of notice of administration action for all appeals	N/A
Vocational Rehabilitation	30 days from date of notice	N/A
Summer Food Program	10 days from the date on which the notice of action was received	N/A
Child and Adult Care Food Program	15 days from the date on which the notice of action was received	N/A

Where do I send this form? Appeal forms may be filed with the Clerk's Office, the Division of Appeals & Hearings.

Mail: Department of Human Services
Appeals and Hearings Division
James K. Polk Building
505 Deaderick Street, 1st Floor
Nashville, TN 37243

Fax: (615) 248-7013
Phone: (833) 772-TDHS (8347)
Email: AppealsClerksOffice.DHS@tn.gov

What if I have questions?

Contact the Clerk's Office toll free at (833) 772-TDHS (8347) or 1-800-270-1349 (TTY), or call your local DHS office.

For a general list of issues that can be appealed, please visit Tenn.Comp.R.&Regs. 1240-05-03 Fair Hearing Requests and refer to the notice of the Department's action for further information regarding your appeal rights: https://publications.tnsosfiles.com/rules/1240/1240-05/1240-05-03.pdf

For Child Support appeal questions visit https://www.tn.gov/content/dam/tn/human-services/hs/hs-2997.pdf

In accordance with federal law and the policy of the U.S. Department of Agriculture (USDA) and U.S.

Department of Health and Human Services (HHS), this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint or ask questions, contact one of these offices:

HHS Office for Civil Rights,
Atlanta Federal Center
Suite 3B70 61Forsyth Street, SW
Atlanta, GA 30303-8909
(404) 562-7886; (404) 562-7881 (FAX); (404) 331-2867 (TDD)

USDA, Director, Office for Civil Rights
1400 Independence AVE, SW
Washington, DC 20250-9410
(800) 795-3272; (202) 720-6382 (TTY)

You may also contact the Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 14th Floor, 505 Deaderick St., Nashville, TN 37243, (833) 772-TDHS (8347).

Once you submit your appeal(s) to DHS, you will be unable to make any changes. If you have provided all required information and selected at least 1 program for appeal, your submitted appeal will be filed.

By signing, I understand:

- If I successfully submit my appeal(s) to DHS during a normal business day, my appeal filed date will be set to the current date/time (Central Time). Appeals received after 4:30 PM Central Time will be considered to be submitted the following business day. If I am submitting my appeal on a weekend or State Holiday, my appeal filed date will be adjusted to the next State business day.

Signature: Emily gugliemelli (Appellant)

Date: 06/24/2024

Program and Reason

Which Program(s) are you appealing?	**Appeal Tracking Number**
SNAP (Food Stamps)	2406408974
Additional Information:	
TCSES Number	N/A
Application Number	N/A
Date of Notice you are Appealing	06/05/2024
When did you apply?	05/06/2024
Why are you appealing?	Termination
Tell us why you're appealing or what happened that you disagree with:	
I sent in 6 pay stubs for my fiancee Nathaniel arsenault a letter saying so a piece of mail for address identification I'm 39 weeks pregnant with a 4 yr old daughter and we could really use the food stamps we haven't received it at all this month our rent is $650, electric bill is 137.53 and barely have enough money left over to get what we need	

Demographic Information

First Name	EMILY
Middle Initial	N/A
Last Name	GUGLIEMELLI
Suffix	N/A
Date of Birth	[redacted]1992
Gender	Female
Social Security Number	[redacted]3394
Where You Live	**Mailing Address**
3712 Stephens road NE apt65 Cleveland, Tennessee 37312-5751, County - Bradley	3712 Stephens road NE apt65 Cleveland, Tennessee 37312-5751
What is your preferred language?	English

Do you need an interpreter in the hearing?	No
Do you need documents to be translated?	No
Cell Phone	423-250-4976
Cell Phone EXT	N/A
Home Phone	N/A
Home Phone EXT	N/A
Work Phone	N/A
Work Phone EXT	N/A
Email Id	emmyguge1319@gmail.com
What is the best time to call you during the weekday?	**What is the best mode to contact you?**
Morning	Phone
Do you have a disability or Language barrier that requires an accommodation?	No
What type of assistance do you need?	N/A
If other, describe accommodation needed	N/A
Who is completing this application?	Self
Do you want to add an Other Parent/Caretaker (if known)?	N/A
Other Parent /Caretaker First Name	N/A
Other Parent /Caretaker Last Name	N/A
(If Someone Else) First Name	N/A
(If Someone Else) Middle Initial	N/A
(If Someone Else) Last Name	N/A
(If Someone Else) Home Phone	**(If Someone Else) Home Phone EXT**
N/A	N/A
(If Someone Else) Work Phone	**(If Someone Else) Work Phone EXT**
N/A	N/A
(If Someone Else) Cell Phone	**(If Someone Else) Cell Phone EXT**

N/A	N/A
(If Someone Else) Relationship to the Appellant	N/A

Notice Appealing For

Case Number / Program	119299161 / SNAP
Document Title / Date	Notice of Decision - Approval and Denial / 06/05/2024

Continuation of Benefits

I WANT to request for my benefits to continue until the hearing decision is made (this does not guarantee qualification). I understand that if the decision is not in my favor, I may have to pay back the benefits.	Yes
SNAP (Food Stamps)	Yes
Families First (TANF)	N/A
I DO NOT WANT my benefits continued while the hearing decision is pending.	N/A

In accordance with federal law and the policy of the U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS), this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. To file a complaint or ask questions, contact one of these offices: HHS Office for Civil Rights, Atlanta Federal Center, Ste 3B70, 61 Forsyth Street, SW, Atlanta, GA 30303-8909, (404) 562-7886; (404) 562-7881 (FAX); (404) 331-2867 (TDD); USDA, Director, Office for Civil Rights, 1400 Independence Av, SW, Washington, DC 20250-9410; (800) 795-3272; (202) 720-6382 (TTY).

You may also contact the Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 14th Floor, 505 Deaderick Street, Nashville, TN 37243, (833) 772-TDHS (8347).

Tennessee Department of Human Services
FAMILY ASSISTANCE APPLICATIONS

We will take your application with only your name, address, and signature. But the more you tell us, the faster we can see if you can get help. If you are approved, your benefits may start from the date we receive your application. In most cases you will need to talk with a TDHS worker to complete the application process.

You may be able to get SNAP in 7 days if:

1. Your household's monthly income is less than $150, and you now have resources of $100 or less.
2. Your shelter cost (plus utilities) is higher than your monthly income plus savings.
3. You do seasonal farm or migrant work.

If you have a disability that makes it hard for you to fill out or understand this application, we can help. We can call or visit you if you cannot come to our office. Clients may submit an application for benefits and certification materials applying online at https://onedhs.tn.gov, to their county office by mail, hand-delivery, or you may fax your application to your local county office.

Your application tracking number is **T50628013**. You will need this number if you want information about the status of your application.

Sign and Submit:

I swear under penalty of perjury (making false statements under oath) and all other applicable penalties that the statements made on this application, any attachments, and to whoever interviewed me are true and correct. All persons applying for or receiving aid are U.S. citizens, legal aliens, or eligible immigrants. I understand and agree to the rules and information given to me. If asked, I will give information that proves my statement, or I give TDHS permission to get proof. I understand I must report any changes the way TDHS tells me to. I understand that the information I provide will be subject to verification by federal, state, and local officials to determine if such information is factual.

Release: The State of Tennessee or people who work for it may need to prove the information I gave is true. By signing this paper, I am saying it is OK to get proof. This will let them decide if I can get SNAP or Families First. I am also saying that I have read and understand the Statement of Understanding.

Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to $250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/ Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else's card.

Signature of Client: Emily d gugliemelli

Date: 06/27/2024 09:59:35

Head of Household

Emily Gugliemelli | Age: 31			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
What is the language most commonly spoken in the household?		**If an interview is required will you need an interpreter?**	
English		No	
Do you consider yourself homeless?		**Which Tennessee County do you reside closest to?**	
No		N/A	
Do you need an EBT Card?			
No			
Where You live		**Mailing Address**	
3712 Stephens Rd NE apt 65 Cleveland, Tennessee 37312-5776, County - Bradley		N/A	
Home Phone	**Cell Phone**	**Work Phone**	**Email Id**
423-250-4976	423-250-4976	423-250-4976	emmyguge1319@gmail.com

What is the best time to call you during the weekday?	**What is the best mode to contact you?**	**Who is completing this application?**
Morning	Cell/Other Phone	Self
Do you have a disability or Language barrier that requires an accommodation?	**What type of assistance do you need?**	**If other, describe accommodation needed**
No	N/A	N/A
Are you registered to vote where you live now?	**Would you like to apply to register to vote here today ?**	**Do you want TDHS to mail a voter registration form to you?**
No	No	No

Federal and/or State Convictions

Your SNAP benefits may end if you:

- Give incorrect information or hide facts to get SNAP benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.

If you break these rules, you will not get SNAP benefits for:
1 year the first time, 2 years the second time, and forever the third time.

If you trade SNAP benefits for drugs. You can be cut off for:
2 years the first time and forever the second time.

You may be cut off SNAP forever if you're found guilty of:

- Trading SNAP benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);
- Selling SNAP benefits worth $500 or more.

Don't give incorrect information about who you are or where you live to receive multiple SNAP benefits. Giving incorrect information can keep you from getting SNAP benefits for 10 years.

Have you or anyone in your household been found guilty of receiving TANF (cash benefits) or SNAP benefits from two or more states at the same time?
No
Has anyone used TANF funds at the following establishments: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and/or licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories? (TANF only)
N/A
Have you or any household member been convicted of buying or selling SNAP benefits over $500?
No
Do you or anyone in your household have a felony conviction because of behavior related to the possession, use or distribution of a controlled drug substance after 08/22/96 (SNAP & TANF)?
No
Are you or any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a convicted felony crime or attempted felony crime, or may have violation(s) of such, or are not in compliance with the conditions of parole or probation?
No
Have you or any household member been convicted of trading SNAP benefits for drugs or controlled

substance?
No
Have you or any member of your household been convicted as an adult of aggravated sexual abuse, murder, sexual exploitation, and other abuse of children, a Federal or State offense involving sexual assault, or an offense under State law determined by the Attorney General to be substantially similar to such an offense, after February 7, 2014?
No
Has anyone you are applying for received SNAP & TANF from another state within the last 30 days?
No

Authorized Representative

Would you like to name an Authorized Representative at this time? No	
Authorized Representative Email	N/A
Home Phone	N/A
EXT	N/A
Cell/Other Phone	N/A
EXT	N/A
Work Phone	N/A
EXT	N/A
Authorized Representative Address	N/A
May apply for SNAP benefits for me?	N/A
May use my SNAP benefits for me?	N/A
May receive my SNAP benefits for me?	N/A
May apply for Families First benefits for me?	N/A
May use my Families First benefits for me?	N/A
May receive my Families First benefits for me?	N/A

Expedited SNAP Benefits

Do you have $100 or less in cash or in the bank?	Yes
How much cash or money in the bank do you have?	$100.00
Do you get less than $150 a month in income or other benefits (such as employment, social security, or child support)?	No
How much money do you get a month in income or other benefits (such as employment, social security, or child support)?	$500.00
Is your income plus your savings this month less than your shelter costs (for example: rent, mortgage, utilities)?	Yes
How much do you pay in rent/mortgage?	$650.00
What type of Utility Expense(s) do you pay? (Multi-Select)	Heating/Cooling
Is someone in your household a migrant or seasonal farm worker?	No

People In Your Home

Emily d Gugliemelli | Age: 31			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity	Non-Hispanic		
Gender	Female		
Date of birth	[redacted]/1992		
Social Security Number	[redacted]3394		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	Yes		
Pregnancy Due Date	07/01/2024		
What is this individual's education status?	Not in school		
Type of School	N/A		
Where is the individual currently attending school?	N/A		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	No		
Race	White		
What is this individual's living arrangement?	At Home		
If not in the home, when did this living arrangement begin?	N/A		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		

Relationship to Head of Household	Self
Relationship to Nathaniel p arsenault	is related in another way to
Relationship to L[redacted]r g[redacted]	is the mother of

L[redacted] g[redacted] Age: 4			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity	Non-Hispanic		
Gender	Female		
Date of birth	[redacted]2019		
Social Security Number	[redacted]5166		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	N/A		
Pregnancy Due Date	N/A		
What is this individual's education status?	Not in school		
Type of School	N/A		
Where is the individual currently attending school?	N/A		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	No		
Race	White		
What is this individual's living arrangement?	At Home		
If not in the home, when did this living arrangement begin?	N/A		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		
Relationship to Head of Household	is the daughter of		

Relationship to Nathaniel p arsenault	is the daughter of

Nathaniel p arsenault | Age: 31			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity	Non-Hispanic		
Gender	Male		
Date of birth	[redacted]/1992		
Social Security Number	[redacted]0391		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	N/A		
Pregnancy Due Date	N/A		
What is this individual's education status?	Not in school		
Type of School	N/A		
Where is the individual currently attending school?	N/A		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	No		
Race	White		
What is this individual's living arrangement?	At Home		
If not in the home, when did this living arrangement begin?	N/A		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		
Relationship to Head of Household	is related in another way to		

Relationship to L[redacted] g[redacted]	is the father of

Employment Information

Nathaniel p arsenault - foodcity			
Employer Phone Number	**Employment Start Date**	**How often is this individual paid?**	**Hourly Wage**
423-473-2066	05/10/2024	Weekly	$12.00
Hours per week	**Does this individual still have this job?**	**Date of last payment**	**Amount of last payment**
37	Yes	N/A	N/A
Employer Address			
255 ocoee crossing nw Cleveland, Tennessee 37311			

Self-Employment Information

Is anyone in the household self-employed? No				
Type of Self-Employment	**Monthly Income**	**Hours per week**	**How much income (before taxes) will this individual earn annually?**	**What is this individual's annual expenses related to this self-employment?**
N/A	N/A	N/A	N/A	N/A

Other Income Information

Does anyone in the household get income from another source? No			
Type of Income	**First Payment Date**	**How often is this individual paid?**	**Claim ID**
N/A	N/A	N/A	N/A
How much does this individual receive each time?		**How much income (before taxes) does this individual receive from this source a month?**	
N/A		N/A	

Cash Resource Information

Does anyone in the household have cash? No
How much cash does this person have?
N/A

Checking and Saving Account Resource Information

Does anyone in the household have a checking or savings account? No	
Type of Account	**Total Balance**
N/A	N/A

Certificate of Deposit Resource Information

Does anyone in the household have certificates of deposit? No
Total Balance
N/A

Stocks, Bonds and Mutual Funds Resource Information

Does anyone in the household have stocks, bonds, or mutual funds? No	
Type	**What is the value?**
N/A	N/A

Retirement Resource Information

Does anyone in the household have a retirement account? No
What is the Balance?
N/A

Other Resource Information

Does anyone in the household have any other resources? No	
Resource Type	**What is the Value?**
N/A	N/A

Joint Account

Are any of these accounts joint accounts? No
Are any of these Joint Accounts?
No

Child Care Expense Information

Does anyone in the household have Child Care Expenses? No	
How often is this Child Care Expense paid?	N/A
Amount paid each time?	N/A
Who provides this Child Care?	N/A
Child Care Provider Name	N/A

Shelter Expenses Information

Nathaniel p arsenault	
Shelter Expense Type	Rent
How often is the Shelter Expense paid?	Monthly
Amount paid each time?	$650.00

Utility Expenses Information

Nathaniel p arsenault	
Does this Utility Expense include heating or cooling costs?	Yes
Utility Expense Type(s):	Electricity
Monthly Amount	$137.00

Medical Expense Information

Does anyone in the household have Medical Expenses? No	
Type of Medical Expense	N/A
How often is the Medical Expense paid?	N/A
Amount paid each time?	N/A

Child Support Payments Information

Does anyone in the household make Child Support Payments for a child not in the household? No
Monthly Amount
N/A

Permission To Release School Attendance Records

I (client) give permission for the school attendance records of children on this application to be released to the Tennessee Department of Human Services by the Tennessee Department of Education or my child's school. The Department of Human Services will use these records, including social security numbers to help me meet my Families First Responsibilities. The records will be destroyed when they are no longer needed.
Yes
Are you willing to comply with child support?
N/A

Non-Discrimination

TDHS is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to

USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

You may also write Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 505 Deaderick Street, Nashville, TN 37243, (615) 313-4700.

Penalties For SNAP Violations:

Your SNAP/Food Stamp benefits may end if you:

- Give incorrect information or hide facts to get SNAP benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.

If you break these rules, you will not get SNAP/Food Stamp benefits for:

- First Offense: 1 year of no SNAP benefits;
- Second Offense: 2 Years of no SNAP benefits;
- Third Offense: You will NEVER be eligible for SNAP benefits.

If you trade SNAP/Food Stamp benefits for drugs/controlled substances. You can be cut off for:

- First Offense: 2 years of no SNAP benefits;
- Second Offense: You will NEVER be eligible for SNAP benefits again.

You'll be cut off the SNAP/Food Stamp Program forever if you're found guilty of:

- Trading SNAP/Food Stamp benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);
- Selling SNAP/Food Stamp benefits worth $500 or more.

Don't give incorrect information about who you are or where you live to receive multiple SNAP/Food Stamp benefits. Giving incorrect information can keep you from getting SNAP/Food Stamp benefits for 10 years.

Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to $250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else's card.

Penalties For Families First Violations:

Your Families First benefits may end if you:

- Give incorrect information or hide facts to get Families First benefits;
- Use your Benefit Security Card (EBT Card) in a prohibited location: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories.

If you give incorrect information, you will not be ineligible for Families First benefits for:

- First Offense: 6 months of no Families First benefits;
- Second Offense: 1 year of no Families First benefits;
- Third Offense: You will NEVER be eligible for Families First benefits.

You will not get Families First benefits for ten (10) years if you get cash assistance payments in two (2) states at the same time.

Fair Hearing Appeal Policy

You have the right to appeal any action or decision made by this agency. A Fair Hearing will allow you to explain how you feel the action or decision did not follow policy. The Fair Hearing officer will decide if the policy was correctly followed or not followed by the agency. Individuals who wish to appeal must complete and submit the HS-3058 Consolidated Appeal Request Form within ten (10) calendar days of the denial or termination notice.

If you request a Fair Hearing within ten (10) calendar days following the action or decision, you may choose to continue receiving child care payment assistance during the appeal process. If you request a Fair Hearing after ten (10) calendar days from the date of the action or decision, child care payment

assistance will not continue to be paid during the appeal process. If you do choose to continue receiving child care payment assistance during the Fair Hearing process and it is later decided that you were not eligible for payment assistance, you will be required to repay the full amount of child care payment assistance you were not entitled to receive.

You will not be penalized or treated unfairly by your Child Care Specialist or other Certificate Program staff for requesting a Fair Hearing. You may bring a friend, relative or lawyer to the Fair Hearing to speak on your behalf.

Drug Screening Information:

Effective July 1, 2014, state law requires the Department of Human Services (DHS) to screen any cash assistance applicant eighteen (18) years of age or older(or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative), who is otherwise eligible for cash assistance, for the use of a controlled substances. In a two (2)-parent household, only one (1) parent, the applicant, will be screened. T.C.A. § 71-3-1202.

These controlled substances include the following:

- Marijuana (cannabis, pot, weed, etc.);
- Cocaine (coke, blow, crack, rock, etc.);
- Methamphetamine/Amphetamine type stimulants (speed, meth, ecstasy, X, ice, etc.);
- Opiates (heroin, morphine, methadone, opium, Buprenorphine, codeine, etc.).

If your screening results indicate that you use controlled substances, you will be required to take a drug test.
If you are currently taking a prescription medication, which you believe may contain any of the above controlled substances, you may provide verification of the valid prescription to the Medical Review Officer after taking the drug test. No drug for which an individual has a current and valid prescription shall be the basis for denial of cash assistance. T.C.A. § 71-3-1202(d)(2).

If you are required to take a drug test and your results are positive, you will be required to submit to a substance abuse evaluation and may be required to undergo substance abuse treatment. If you fail to submit to a substance abuse evaluation or undergo required substance abuse treatment, your needs will be removed from the household, and your cash assistance benefits will be reduced. T.C.A. § 71-3-1202(h).

Each Families First/TANF applicant age eighteen (18) or older (or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative) must answer the questions contained on this form.

Important Information

- **You will be denied benefits until you submit this form and DHS determines you can receive benefits.**
- **You will be notified if DHS does not receive this completed form, other necessary information, and/or any necessary drug test by the stated deadline.**

YOU WILL BE DENIED BENEFITS IF:

- **You do not fill out this form completely and return it by the requested date.**
- **You fail or refuse to take a drug test, if required, based on your answers on this form.**
- **You do not provide other information necessary to determine your eligibility, including the results of a drug test, if necessary.**

Use Of Drug Screening And Test Results

By law, all information regarding this screening form and any drug testing results you may have are confidential and will not be released to law enforcement and cannot be used in any criminal proceedings.

However, **any evidence discovered as a result of this screening, or as a result of a later drug test, that the Department determines supports a reasonable cause to believe that parental abuse, sexual abuse, or neglect of a child has occurred, is required by state law to be reported to the Department of Children's Services,** and can be used in any civil court proceeding involving the protection and custody of that child or in any permanency proceeding in court involving foster care of that child or termination of parental rights to that child. In addition, this information can be used by the Department in any appeal you may file to find out if DHS has made a mistake in determining if you can get TANF/Families First benefits, or it can be used in any civil or administrative matter that concerns defense of a case filed by you against the Department or the drug testing agency. T.C.A. § 71-3-1204.

DIVISION OF APPEALS AND HEARINGS
JAMES K. POLK BUILDING, 1ST FLOOR
505 DEADERICK STREET
NASHVILLE, TENNESSEE 37243
TELEPHONE: 833-772-8347 OR TTY: 711
FAX: (615) 248-7013

https://www.tn.gov/humanservices

EMILY GUGLIEMELLI
3712 STEPHENS RD NE
CLEVELAND TN 37312-5751

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: Emily Gugliemelli
Appeal Number: 2405389537
Customer ID: 259347090
Date: 09/09/2024

Notice of Hearing

You asked for a SNAP appeal. Because you requested a telephone hearing, your Hearing will be conducted by telephone with a DHS Administrative Judge and a representative(s) of the Tennessee Department of Human Services. You can have an attorney represent you. Your local Legal Services office can tell you if you can get free or low cost legal help.

DATE: 09/19/2024

TIME: 12:00 PM CST / 01:00 PM EST

Do you have an attorney who will help you with your appeal? If so, tell them to send us a letter that they will be helping you with your appeal. It should include your name and docket number. If you do not tell us you have an attorney, your appeal may take longer.

This may be sent by mail to:

Department of Human Services
Division of Appeals and Hearings
James K. Polk Building, 1st Floor
505 Deaderick Street
Nashville, Tennessee 37243

Or you can fax your letter to us at (615) 248-7013 or (866) 355-6136
or e-mail us at AppealsClerksOffice.DHS@tn.gov

You will be contacted by telephone during the time noted above at a phone number you have provided which is/are (423) 250-4976. How long it takes to contact you depends on how many phone hearings are scheduled that day. **You will receive a packet of evidence in a separate envelope if one is not included with this notice. Please have this packet ready for review during your hearing.**

ISSUE: (Appellant) is a Tennessee resident whose Supplemental Nutrition Assistance Program (SNAP) benefits were terminated.

FACTS OF THE CASE: The Appellant was a recipient of SNAP benefits through the Department of Human Services (DHS). DHS records reflect the Appellant failed or refused to cooperate during the application process for the purposes of SNAP eligibility.

LEGAL AUTHORITY: Tenn. Comp. R. & Regs. 1240-1-7, Tenn. Comp. R. & Regs. 1240-1-15

If you would like further information regarding the legal authority listed above, you can visit the following websites:
https://www.ecfr.gov/cgi-bin/ECFR?page=browse
https://www.govinfo.gov/app/collection/uscode
http://www.lexisnexis.com/hottopics/tncode/
https://publications.tnsosfiles.com/rules/1200/1200.htm
https://publications.tnsosfiles.com/rules/1240/1240.htm

Our contact information for all administrative appeal purposes is by phone at (833-772-8347) or TTY (711) or by e-mail at AppealsClerksOffice.DHS@tn.gov or by fax at (615) 248-7013 or (866) 355-6136. The mailing address is:

Department of Human Services
Division of Appeals and Hearings
James K. Polk Building, 1st Floor
505 Deaderick Street
Nashville, Tennessee 37243

This case is adjudicated under Tennessee Code Annotated Section 4-5-301, et seq. and State Rule 1240-05-01, et seq. If you wish to read the rules the County Office used, they will be shown to you at the County Office if you ask or you can look at them online at the following web address (look for the rule cited above as the legal authority):
https://publications.tnsosfiles.com/rules/1240/1240.htm

At the Hearing, you or someone you tell to come and talk for you will be given a chance to:

(a) look at all papers and records to be used at the Hearing unless specifically excluded as confidential medical information by your healthcare provider;

(b) present your case through witnesses and written evidence or have it presented by your lawyer or other person you want to help you;

(c) bring people such as members of your family who know your situation;

(d) tell your side of the story;

(e) tell why you think any testimony or evidence is wrong; and,

(f) give evidence that tells your side of the story.

Both parties to this Hearing should be ready to present their case, with all evidence that tells their side of the story, on the scheduled Hearing date. Should you wish to subpoena a person or persons, or documents, please call (833-772-8347) or TTY (711) or e-mail us at AppealsClerksOffice.DHS@tn.gov or send us a fax at (615) 248-7013 or (866) 355-6136.

If you cannot participate at the Hearing as scheduled, please e-mail us at AppealsClerksOffice.DHS@tn.gov, or call (833-772-8347) or TTY (711), or send us a fax at (615) 248-7013 or (866) 355-6136 to request a continuance. You will receive a response by phone, letter, and/or by e-mail.

If you want a lawyer and cannot pay for one, you can ask for free legal help at the closest Tennessee Legal Services Program or Legal Aid Office. They can be reached at one of the phone numbers below:

Legal Aid Society of Middle Tennessee and the Cumberlands	“(800) 238-1443” or TTY (711)
Legal Aid of East Tennessee	“(865) 637-0484” or TTY (711)
West TN Legal Services, Inc.	“(731) 423-0616” or TTY (711)
Memphis Area Legal Services, Inc.	“(901) 523-8822” or TTY (711)

You might be able to get legal help that does not cost very much through your local Bar Association or Lawyer Referral Service.

Since Emily Gugliemelli will be testifying by telephone, Emily Gugliemelli will need to send fax or e-mail copies of any papers to be used at the hearing to the DHS Administrative Judge and the representative for the Department of Human Services at fax number (615) 248-7013 or (866) 355-6136 or by e-mail at AppealsClerksOffice.DHS@tn.gov. Copies of the papers that the Department of Human Services intends to use are included with this notice or will be sent separately. Any additional papers from either party not available prior to or at the hearing may be submitted after the hearing at the discretion of the DHS Administrative Judge.

One or more of the witnesses for the Department of Human Services may testify at the hearing by telephone unless you object in writing by fax, mail, or email (contact information provided above).

Your written objection must be received in the Division of Appeals and Hearings at least five (5) calendar days before your scheduled hearing date.

If the DHS Administrative Judge does not hear from you, we will speak to you by phone on September 19, 2024.

GUGLIEMELLI, EMILY (2405389537) (2406408974)

APPEAL INFORMATION

Appeal Information

FA CASE #	Program	Appeal Type - Major Issue - Minor Issue	Appellant Address	Hearing Details	Docket ID	Appeal Filing Date	Linked Appeal IDs
119299161	SNAP	Eligibility Appeal-Termination-Failure / Refusal To Cooperate	3712 Stephens Rd NE,Cleveland,TN,3	09/19/2024 01:00 PM-03:30 PM (Eastern) "On Phone"	24081442374	05/03/2024	2406408974

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APPEAL INFORMATION

Appeal Information

FA CASE #	Program	Appeal Type - Major Issue - Minor Issue	Appellant Address	Hearing Details	Docket ID	Appeal Filing Date	Linked Appeal IDs
119299161	SNAP	Eligibility Appeal-Termination-Verification	3712 Stephens Rd NE,Cleveland,TN,3	09/19/2024 01:00 PM-03:30 PM (Eastern) "On Phone"	24081442374	06/25/2024	2405389537

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INITIAL RESEARCH DETAILS

Is the appeal filed timely?:* Yes

Is this a fair hearable issue? :* Yes

APPEAL COB REQUEST

Is the caller requesting a continuance of benefit? :* No

APPEAL NOTE CREATED BY DEHAIDN ON 06/27/2024 12:32 PM

2405389537
ACCENT / EBMS Case Number: 119299161
NAME: Emily D Gugliemelli
Major Issues Termination
Minor Issues Failure to Coop
NOTICE EBMS term notice was mailed on 5/1/24
COB No, end of cert. period
CASE SYNOPSIS: SNAP cert term 4/30/24 with a renewal appt. sched. on 4/1/24. The appellant filed a new SNAP applic. dated 5/2/24, which was approved with a gap in benefits. The appeal will be forward to Case Prep.

GUGLIEMELLI, EMILY (2405389537) (2406408974)

APPEAL NOTE CREATED BY DEHAIDN ON 06/27/2024 12:45 PM

2406408974
ACCENT / EBMS Case Number: 119299161
NAME: Emily Gugliemelli
Major Issues Termination
Minor Issues Verif.
NOTICE EBMS term notice was mailed on 6/5/24
COB No, filed outside of the 10 day notice..
CASE SYNOPSIS: SNAP applic. dated 5/2/24 was denied and benefits term effective 5/31/24 for failing to provide verification of earned income. EBMS case notes dated 5/15/24 states the verification received for pay stubs do not show gross income and cannot be used and case notes dated 6/3/24 states customer failed to provide requested verif. of separation notice for Nathan.
The appeal will be forward to Case Prep.

CASE SUMMARY INFORMATION

Primary Individual (PI):	EMILY GUGLIEMELLI 31F
Case Number:	119299161
Last Application Received Date:	06/27/2024
Case Status:	Approved
Case Action:	
Residence Address:	apt 65 3712 Stephens Rd NE Cleveland, Tennessee, 37312-5776
Mailing Address:	
Current Residence County:	BRADLEY
Associated Open Appeals:	2406408974 ,2405389537

ACTIVE CASE MEMBERS

Name	Relationship to PI	Client ID	Date of Birth
EMILY GUGLIEMELLI 31F		259347090	11/04/1992
NATHANIEL ARSENAULT 32M	is not related to	259347073	08/04/1992
[redacted] 4F	is the daughter of	259347081	11/13/2019
[redacted] 0M	is the son of	500130529	07/07/2024

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GUGLIEMELLI, EMILY (2405389537) (2406408974)

Case Number	Client Name	Benefit Type	Issuance Type	Pay Begin Date/End Date	Payment Amount	Recoup Amount	Expungec Amount	Issuance Method	Status	
119299161	GUGLIEMELLI EMILY	SNAP	Ongoing	09/01/2024 - 09/30/2024	$ 731	$ 0	$ 0	EBT	Paid	R
119299161	GUGLIEMELLI EMILY	SNAP	Ongoing	08/01/2024 - 08/31/2024	$ 731	$ 0	$ 0	EBT	Paid	R
119299161	GUGLIEMELLI EMILY	SNAP	Initial	07/01/2024 - 07/31/2024	$ 731	$ 0	$ 0	EBT	Paid	R
119299161	GUGLIEMELLI EMILY	SNAP	Initial	06/27/2024 - 06/30/2024	$ 68	$ 0	$ 0	EBT	Paid	R
119299161	GUGLIEMELLI EMILY	SNAP	Initial	05/02/2024 - 05/31/2024	$ 741	$ 0	$ 0	EBT	Paid	R
119299161	GUGLIEMELLI EMILY	SNAP	Ongoing	04/01/2024 - 04/30/2024	$ 620	$ 0	$ 0	EBT	Paid	R
119299161	GUGLIEMELLI EMILY	SNAP	Ongoing	03/01/2024 - 03/31/2024	$ 620	$ 0	$ 0	EBT	Paid	R

GUGLIEMELLI, EMILY (2405389537) (2406408974)

BRADLEY CO. DEPT. OF HUMAN SERVICES
4625 NORTH LEE HIGHWAY
CLEVELAND, TN 37312-4042

https://www.tn.gov/humanservices

EMILY D GUGLIEMELLI
2536 BENTON PIKE NE
CLEVELAND TN 37323-5410

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: Emily D Gugliemelli
Customer ID: 259347090
Family Assistance Service Center: 1-866-311-4287

Case Number: 119299161
Date: 03/13/2024

Renewal Notice

You have a telephone interview appointment with us on April 01, 2024.
It is time for us to look at the Supplemental Nutrition Assistance Program (SNAP) and/or Families First benefits you get from the Department of Human Services (DHS).
We must do this to see:

If you meet all the rules, and
If you are getting the right amount.

Your worker will **call** you for the telephone interview appointment on April 01, 2024 at 9:00 AM. **You may get our call any time in the hour after that.**

We **must** have your application **before** we can call you. We will be able to finish your case faster if we **also** get your other items before we call you. See the included Verification Checklist form for the list of items you need to send us. You can mail them in the envelope included with this letter or upload your application and verifications to https://OneDHS.tn.gov.

Please include your current phone number or a number where we can reach you on your application.

GUGLIEMELLI, EMILY (2405389537) (2406408974)

BRADLEY CO. DEPT. OF HUMAN SERVICES
4625 NORTH LEE HIGHWAY
CLEVELAND, TN 37312-4042

https://www.tn.gov/humanservices

EMILY D GUGLIEMELLI
2536 BENTON PIKE NE
CLEVELAND TN 37323-5410

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: Emily D Gugliemelli
Customer ID: 259347090
Family Assistance Service Center: 1-866-311-4287

Case Number: 119299161
Date: 05/01/2024

Notice of Decision

SNAP

Your SNAP case will be terminated on April 30, 2024 for the following reason(s):

Reason
You did not cooperate with us on the review/recertification of your eligibility

05/06/2024	Lakesha Jones, DEC79GJ	Case Worker Lakesha Jones accessed eDRS interface on 05/06/2024	SNAP, Families First		
04/01/2024	Mikelyn Mattox, DEE89TM	RENEWAL PACKET	SNAP, Families First		
10/09/2023	FA Conversion	EARNED INCOME WORKSHEET NOTES			

GUGLIEMELLI, EMILY (2405389537) (2406408974)

CASE NOTE CREATED BY MIKELYN, MATTOX, MIKELYN.MATTOX@TN.GOV, DEE89TM ON 04/01/2024

Renewal app not received

APPOINTMENT INFORMATION

Date:	04/01/2024 09:00 AM
Appointment Status:	Scheduled
Status Update Reason:	
Begin Time(CST):	09:00 AM
End Time(CST):	09:30 AM
Appointment Type:	Reapplication
Interview Type:	Telephone
Print Status:	
Phone Number:	518 571 1413

Search Documents

Note 103. No Record/Records Found for Details Given/No Record selected.

SEARCH DOCUMENTS

Search by:

- Case/App/Appeal/Client Id/SSN: (selected)
- Other Criteria:

Case/App#:	119299161
Appeal#:	
Client ID:	
SSN:	
Document Type:	
Document Received Date *	
Begin Date:	02 / 01 / 2024
To Date:	04 / 30 / 2024
Search BOX Document Management System?:	

GUGLIEMELLI, EMILY (2405389537) (2406408974)

BRADLEY CO. DEPT. OF HUMAN SERVICES
4625 NORTH LEE HIGHWAY
CLEVELAND, TN 37312-4042

https://www.tn.gov/humanservices

EMILY GUGLIEMELLI
3712 STEPHENS RD NE
APT 65
CLEVELAND TN 37312

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: Emily Gugliemelli
Case Number: 119299161
Customer ID: 259347090
Date: 05/08/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

SNAP

Your application for SNAP benefits has been completed. You have been determined eligible for SNAP for the months of May 2024 through October 2024.

For the month of May 2024, you will receive $741.00.

Please note that if you applied after the first day of the month, your first month of benefits is a partial benefit.

Comments: Provide employer's statement for June 2024 for Nathaniel from Food City.

GUGLIEMELLI, EMILY (2405389537) (2406408974)

BRADLEY CO. DEPT. OF HUMAN SERVICES
4625 NORTH LEE HIGHWAY
CLEVELAND, TN 37312-4042

https://www.tn.gov/humanservices

EMILY GUGLIEMELLI
3712 STEPHENS RD NE
APT 65
CLEVELAND TN 37312

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: Emily Gugliemelli
Customer ID: 259347090
Family Assistance Service Center: 1-866-311-4287

Case Number: 119299161
Date: 06/05/2024

Notice of Decision

SNAP

Your SNAP case will be terminated on May 31, 2024 for the following reason(s):

Reason
A mandatory member refused or failed to verify required information for Earned Income

GUGLIEMELLI, EMILY (2405389537) (2406408974)

CASE NOTE CREATED BY LAKESHA, JONES, LAKESHA.D.JONES@TN.GOV, DEC79GJ ON 05/06/2024

Application Date: 05/02/24
Person Interviewed: emily gugliemelli
Interview conducted by: dec79gj
Benefits received within the last 30 days: YES / NO yesType of Interview: late renewal for 04/2024.
Client states self, nathaniel and luna live in the home. states nathaniel is no longer working for walmart but will start with food city soon. states they pay rent.
Earned income: none reported, worknumber vrfd. nathaniel last day 12/18/23. emily reported he has been hired for food city lstd on appl. start dt. 05/10/24. income will be needed for 06/2024.
Unearned income: none reported. no income lstd on solq or dolub.
2 collateral contacts: states she does not have any
Does application have differing information: YES / NO - if yes - what?
Expenses exceed income: yes or no - if yes how is it being paid. yes for 05/2024 client states they used charities
Verifications requested: none
SNAP work requirement and oral script discussed with customer: YES / NO yes
Customer screened for a E&T referral: YES / NO yes
Does all information on the application match the customer's statements? Yes/No. yes
If no, briefly explain:
Case status: snaps apprvd. 741.00 for 05/2024. cert. 6 mo. client will need to prvd. emplyrs statement for 06/2024 for Nathaniel from Food City.

CASE NOTE AMENDED BY MADISON , WOLFE , MADISON.WOLFE@TN.GOV , DEC79UQ ON 05/15/2024

target case
DEC79GI has been contacted because there is no notice stating when these
requested VER are due
waiting on response
can not use pay stub provied by client because it does not provide the gross
pay
attempted to call client/no answer

CASE NOTE CREATED BY KATIE, SWAFFORD, KATIE.SWAFFORD@TN.GOV, DEE06TD ON 05/23/2024

05/21/2024
RETURNED MAIL
NO FWD ADDRESS

CASE NOTE CREATED BY BERNARD, NELSON, BERNARD.NELSON@TN.GOV, DEC79BM ON 06/03/2024

CUS FAILED TO PROVIDE REQUEST VERIF. OF SEP NOTICE FOR NATHAN. SNAP CLOSED.

CASE NOTE CREATED BY KATIE, SWAFFORD, KATIE.L.SWAFFORD@TN.GOV, DEV06CK ON 06/17/2024

06/06/2024
RETURNED MAIL
NO FWD ADDRESS

CASE NOTE AMENDED BY KATIE , SWAFFORD , KATIE.L.SWAFFORD@TN.GOV , DEV06CK ON 06/17/2024

06/06/2024
RETURNED MAIL
NO FWD ADDRESS

GUGLIEMELLI, EMILY (2405389537) (2406408974)

CASE NOTE CREATED BY AUTUMN, BOGGS, AUTUMN.BOGGS@TN.GOV, DEV70CB ON 06/20/2024

Customer called office to ask why she never received her benefits. Case was closed due to lack of verifications. Customer was advised that to go to her local office and get an Employment Verification/Income form. Customer was advised that we have received returned mail from her three times. Customer was advised to go to the local office with a piece of mail with the correct address and do a change report.

CASE NOTE AMENDED BY AUTUMN , BOGGS , AUTUMN.BOGGS@TN.GOV , DEV70CB ON 06/20/2024

Used case maintenance to remove old phone number from case. The only phone number on the case is 423-250-4976.
All requested information has been provided through the customer portal and customer has been added to the case completion GD today.
Customer has called several times today to check on the status of her case. Customer was advised that she still needs to do the change report with the correct address and make sure upload a piece of mail with the correct address.

Client Name	Case/App#	Appeal#	Document Type	Client ID	Received Date	DOB	SSN	Task Status	View	View
Emily Gugliemelli	119299161		Initial Application Verif.		05/14/2024	[redacted]1992	[redacted]	Complete		
Emily Gugliemelli	119299161		Initial Application Verif.		06/20/2024	[redacted]1992	[redacted]	Complete		
Emily Gugliemelli	119299161		Initial Application Verif.		06/20/2024	[redacted]1992	[redacted]	Complete		
Emily Gugliemelli	119299161		Initial Application Verif.		06/20/2024	[redacted]1992	[redacted]	Complete		
Emily Gugliemelli	119299161		Initial Application Verif.		06/20/2024	[redacted]1992	[redacted]	Complete		
Emily Gugliemelli	119299161		Initial Application Verif.		06/20/2024	[redacted]1992	[redacted]	Complete		
Emily Gugliemelli	119299161		Initial Application Verif.		06/20/2024	[redacted]1992	[redacted]	Complete		
Emily Gugliemelli	119299161		Initial Application Verif.		06/20/2024	[redacted]1992	[redacted]	Complete		
EMILY GUGLIEMELI	119299161		Initial Application Verif.		06/20/2024	[redacted]1992	[redacted]	Complete		
EMILY GUGLIEMELI	119299161	2406408974	File Appeal		06/24/2024			Complete		

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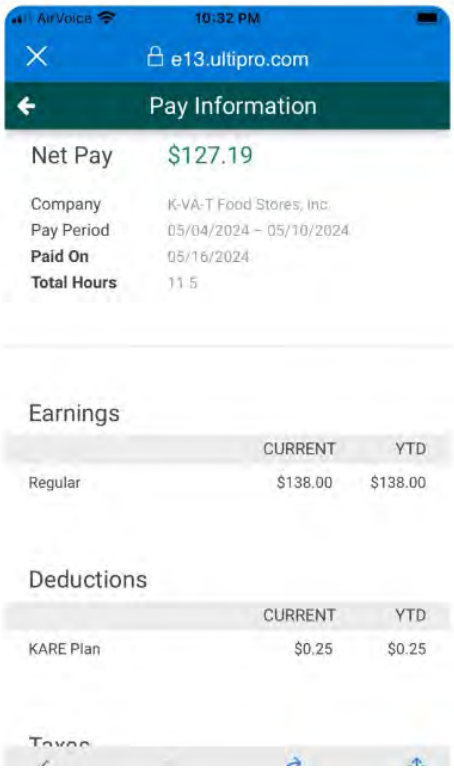
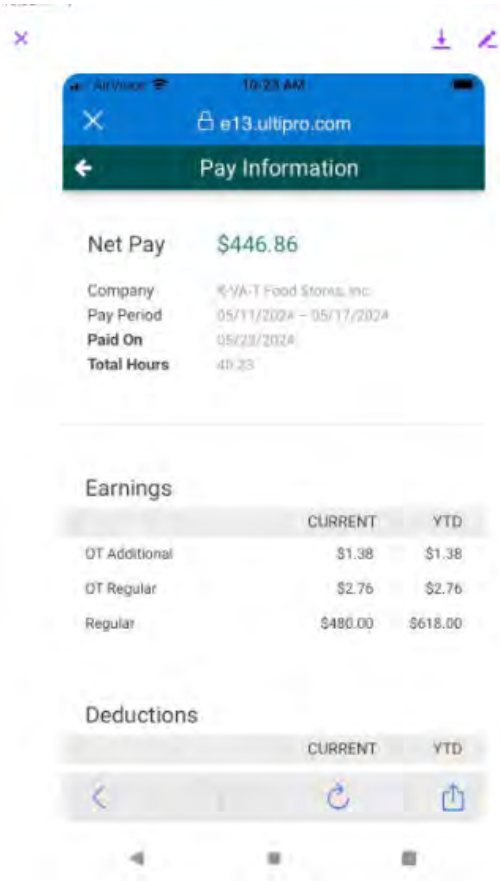
Client Name	Case/App#	Appeal#	Document Type	Client ID	Received Date	DOB	SSN	Task Status	View	View
Emily Gugliemelli	T50628013		Customer Portal - Initial Application		06/27/2024	[redacted]1992	[redacted]	Complete		
Emily Gugliemelli	T50628013		Declination Form		06/27/2024			Complete		
Emily Gugliemelli	T50628013		Declination Form		06/27/2024			Complete		
NATHANIEL ARSENAULT	119299161		Initial Application Verif.		06/28/2024		[redacted]	Complete		

Page 2 of 2 10 View 11 - 14 of 14

GUGLIEMELLI, EMILY (2405389537) (2406408974)





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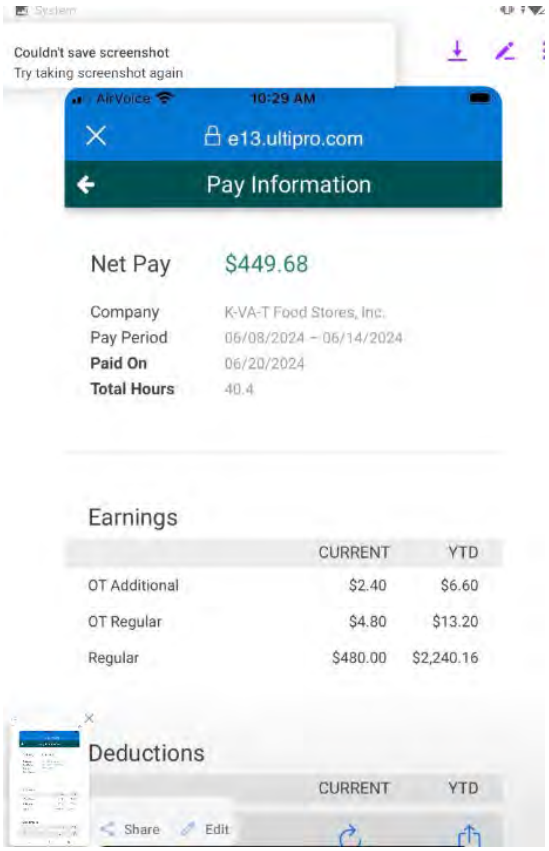

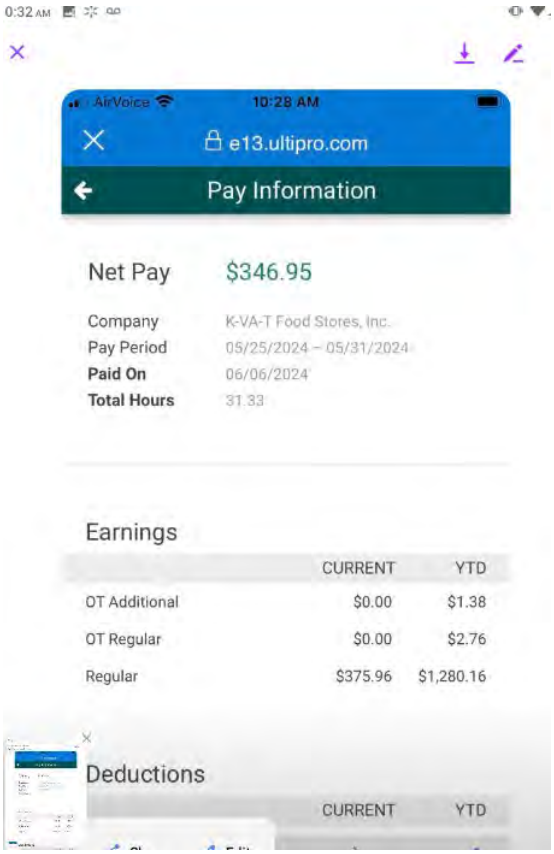

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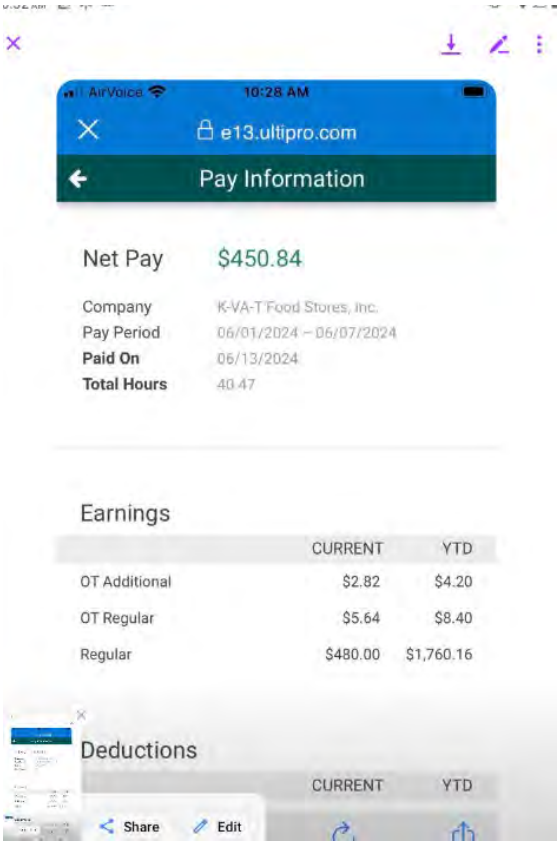

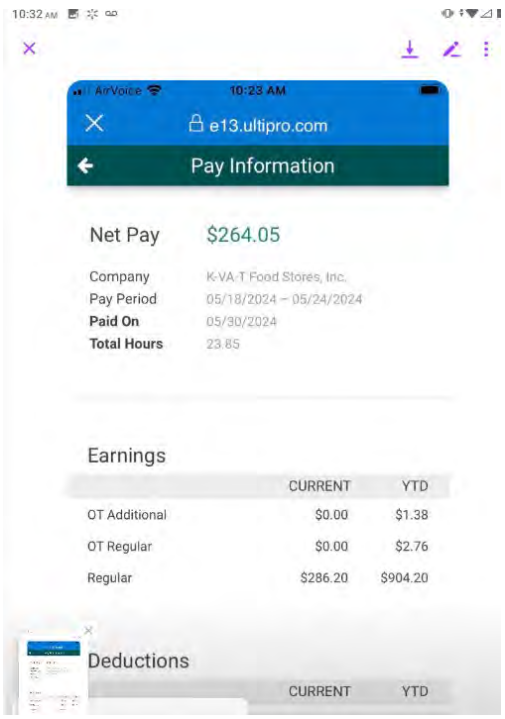

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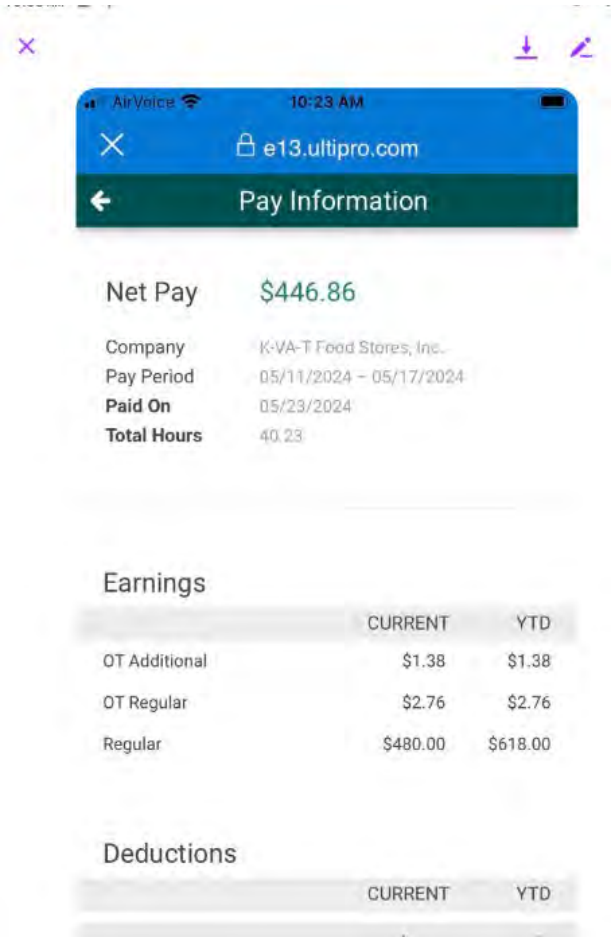


AirVoice 10:23 AM

e13.ultipro.com

Pay Information

Net Pay $446.86

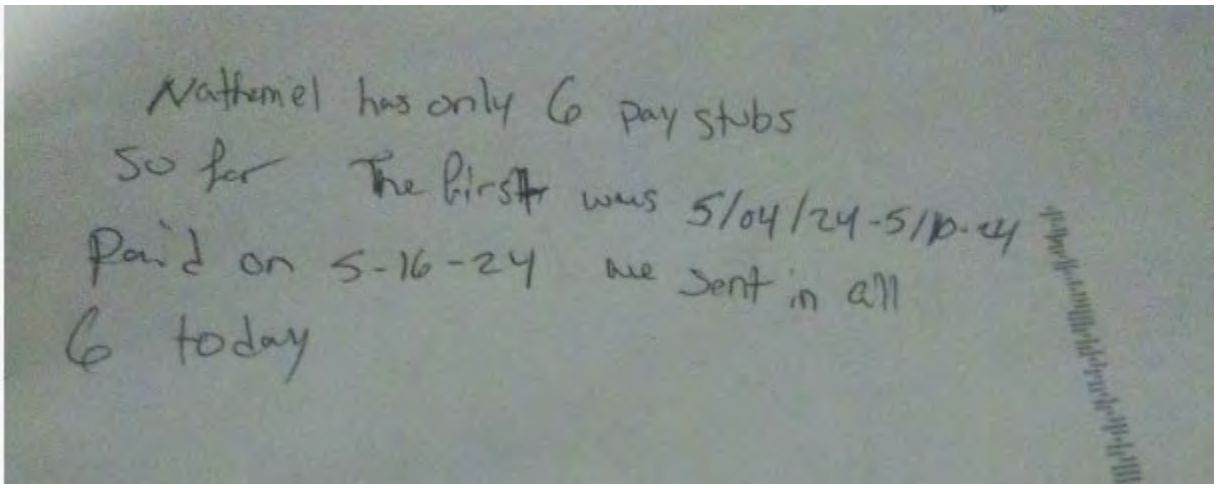
Company	K-VA-T Food Stores, Inc.
Pay Period	05/11/2024 - 05/17/2024
Paid On	05/23/2024
Total Hours	40.23

Earnings

	CURRENT	YTD
OT Additional	$1.38	$1.38
OT Regular	$2.76	$2.76
Regular	$480.00	$618.00

Deductions

	CURRENT	YTD



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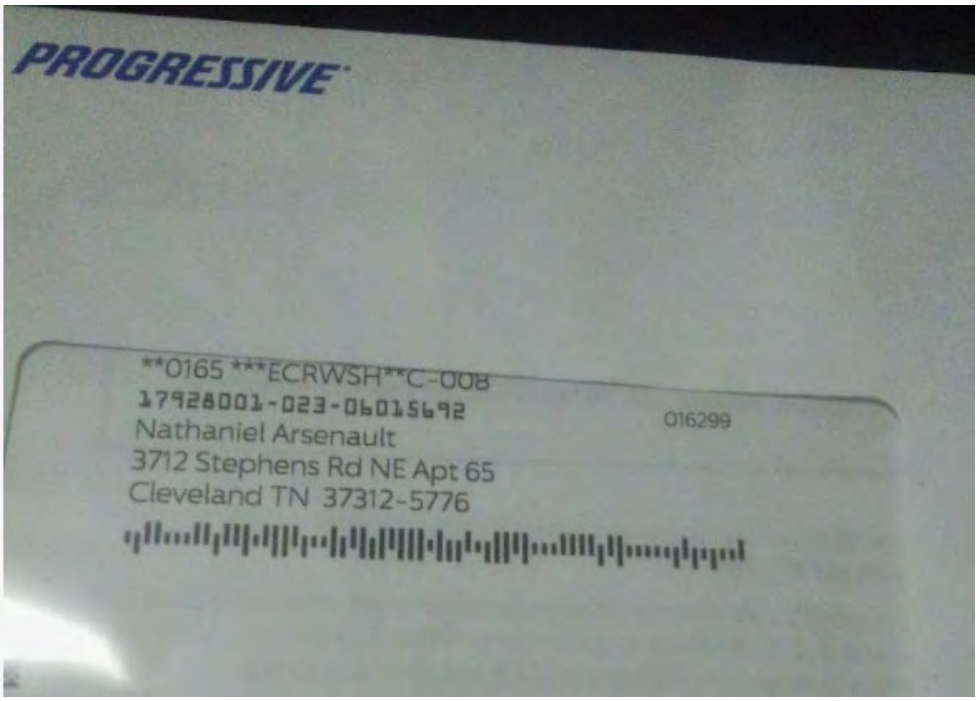

Tennessee Department of Human Services

Withdrawal of Appeal for Fair Hearing

DIVISION OF APPEALS AND HEARINGS

I HAVE CHANGED MY MIND AND I WANT TO WITHDRAW MY APPEAL.
I DO NOT WANT A HEARING.

If you **do not** want to proceed with your appeal, you can visit the Customer Portal https://OneDHS.tn.gov and submit your withdrawal online, or you may send us an email stating you wish to withdraw your appeal, or you may fill out, sign, and return this form, or send us a letter to the address below so it will reach the Department of Human Services at least two (2) days prior to your scheduled hearing.

Department of Human Services
Division of Appeals and Hearings
James K. Polk Building, 1st Floor
505 Deaderick Street
Nashville, Tennessee 37243
Fax: (615) 248-7013 or (866) 355-6136
Email to: AppealsClerksOffice.DHS@tn.gov

Name: Emily Gugliemelli

Scheduled Hearing Date: 09/19/2024

Appeal Number: 2405389537

TCSES Number (If Child Support Case):

Signature: _____ Date: _____

THIS FORM SHOULD ONLY BE RETURNED TO DHS IF YOU NO LONGER WANT A HEARING. YOUR APPEAL WILL BE CLOSED UPON TIMELY RECEIPT OF THIS COMPLETED FORM BY DHS.

DIVISION OF APPEALS AND HEARINGS
JAMES K. POLK BUILDING, 1ST FLOOR
505 DEADERICK STREET
NASHVILLE, TENNESSEE 37243
TELEPHONE: 833-772-8347 OR TTY: 711
FAX: (615) 248-7013

https://www.tn.gov/humanservices

JOSIAH MEZERA
155 LAFAYETTE ST
NASHVILLE TN 37210-3461

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Emily Gugliemelli
Appeal Number: 2406408974
Customer ID: 259347090
Date: 09/20/2024

CONTINUANCE ORDER

This is the first continuance requested by the Appellant in this matter. Another continuance shall not be granted without exceptional circumstances.

Upon motion of the Appellant, the request to continue the hearing from September 19, 2024 is GRANTED.

In accordance with Tennessee Compilations of Rules and Regulations 1240-5-4-.06 and 7 Code of Federal Regulations 273.15(c)(4), the DHS Administrative Judge found good cause to grant the Appellant's request for a continuance from the hearing date of September 19, 2024.

Wade Boswell
DHS Senior Administrative Judge

CC: Josiah Mezera, Appellant Attorney/Advocate

Wade X Boswell, DHS Senior Administrative Judge, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

Meredith K Bell, Program Coordinator, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

BRADLEY CO. DEPT. OF HUMAN SERVICES
4625 NORTH LEE HIGHWAY
CLEVELAND, TN 37312-4042

https://www.tn.gov/humanservices

EMILY GUGLIEMELLI
3712 STEPHENS RD NE
APT 65
CLEVELAND TN 37312-5776

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Emily Gugliemelli
Case Number: 119299161
Customer ID: 259347090
Date: 09/27/2024
Family Assistance Service Center: 1-866-311-4287

Manual Issuance

You will get extra SNAP.

There was a change in your case in the past. Because of this, you will get an extra one-time amount of $446.00. This is for June 01, 2024 through June 26, 2024.

What can you do about this:

Look at the yellow and blue pages to see how to appeal.

- If you are a Simplified Reporting household, you must report the following changes:
  - o If the amount of money that comes into your household goes above the gross income limit $3,380.00 for your household size in month, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household is an ABAWD (Able bodied Adult Without Dependents) whose hours go below an average 20 hours per week, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household wins $4,250.00 or more from the lottery or gambling, report this information 10 calendar days of the receipt of the winnings.
- Non-simplified reporting households are required to report changes within ten (10) days of the date the change becomes known to the household.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 423-479-8577.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):

You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:

- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:

- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://www.fns.usda.gov/snap/state-directory.

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR?s Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

Tennessee Department of Human Services
Appeal Request

How long do I have to file an appeal? (All Calendar Days)

Program	Time Limit to Appeal	Time Limit to Appeal and have Benefits continued
SNAP	90 days from date of notice	10 days from date of notice
Families First	90 days from date of notice	10 days from date of notice
Child Care Services (Smart Steps)	10 days from date of notice	10 days from date of notice
Child Support	• 20 days from the date of service of the notice in licenses revocation proceedings • 15 days from the date of notice of administration action for all appeals	N/A
Vocational Rehabilitation	30 days from date of notice	N/A
Summer Food Program	10 days from the date on which the notice of action was received	N/A
Child and Adult Care Food Program	15 days from the date on which the notice of action was received	N/A

Where do I send this form? Appeal forms may be filed with the Clerk's Office, the Division of Appeals & Hearings.

Mail: Department of Human Services
Appeals and Hearings Division
James K. Polk Building
505 Deaderick Street, 1st Floor
Nashville, TN 37243

Fax: (615) 248-7013
Phone: (833) 772-TDHS (8347)
Email: AppealsClerksOffice.DHS@tn.gov

What if I have questions?

Contact the Clerk's Office toll free at (833) 772-TDHS (8347) or 1-800-270-1349 (TTY), or call your local DHS office.

For a general list of issues that can be appealed, please visit Tenn.Comp.R.&Regs. 1240-05-03 Fair Hearing Requests and refer to the notice of the Department's action for further information regarding your appeal rights: https://publications.tnsosfiles.com/rules/1240/1240-05/1240-05-03.pdf

For Child Support appeal questions visit https://www.tn.gov/content/dam/tn/human-services/hs/hs-2997.pdf

In accordance with federal law and the policy of the U.S. Department of Agriculture (USDA) and U.S.

Department of Health and Human Services (HHS), this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint or ask questions, contact one of these offices:

HHS Office for Civil Rights,
Atlanta Federal Center
Suite 3B70 61Forsyth Street, SW
Atlanta, GA 30303-8909
(404) 562-7886; (404) 562-7881 (FAX); (404) 331-2867 (TDD)

USDA, Director, Office for Civil Rights
1400 Independence AVE, SW
Washington, DC 20250-9410
(800) 795-3272; (202) 720-6382 (TTY)

You may also contact the Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 14th Floor, 505 Deaderick St., Nashville, TN 37243, (833) 772-TDHS (8347).

Once you submit your appeal(s) to DHS, you will be unable to make any changes. If you have provided all required information and selected at least 1 program for appeal, your submitted appeal will be filed.

By signing, I understand:

- If I successfully submit my appeal(s) to DHS during a normal business day, my appeal filed date will be set to the current date/time (Central Time). Appeals received after 4:30 PM Central Time will be considered to be submitted the following business day. If I am submitting my appeal on a weekend or State Holiday, my appeal filed date will be adjusted to the next State business day.

Signature: Emily Gugliemelli (Appellant)

Date: 11/22/2024

Program and Reason

Which Program(s) are you appealing?	**Appeal Tracking Number**
SNAP (Food Stamps)	2411450336
Additional Information:	
TCSES Number	N/A
Application Number	N/A
Date of Notice you are Appealing	11/21/2024
When did you apply?	N/A
Why are you appealing?	Changes in Level of Benefits
Tell us why you're appealing or what happened that you disagree with:	
My monthly allotment was improperly reduced from $740 to $680. DHS calculated my partner's income incorrectly, and no adjustments were made for the addition of a new household member.	

Demographic Information

First Name	EMILY
Middle Initial	N/A
Last Name	GUGLIEMELLI
Suffix	N/A
Date of Birth	[redacted]/1992
Gender	Female
Social Security Number	[redacted]3394
Child First Name	N/A
Child Last Name	N/A
Child Date of Birth	N/A
Where You Live	**Mailing Address**

3712 Stephens Road Apt 65 Cleveland, Tennessee 37312, County - Bradley	3712 Stephens Road Apt 65 Cleveland, Tennessee 37312
What is your preferred language?	English
Do you need an interpreter in the hearing?	N/A
Do you need documents to be translated?	N/A
Cell Phone	423-284-5267
Cell Phone EXT	N/A
Home Phone	N/A
Home Phone EXT	N/A
Work Phone	N/A
Work Phone EXT	N/A
Email Id	emmyguge1319@gmail.com
What is the best time to call you during the weekday?	**What is the best mode to contact you?**
Morning	Phone
Do you have a disability or Language barrier that requires an accommodation?	No
What type of assistance do you need?	N/A
If other, describe accommodation needed	N/A
Who is completing this application?	Self
Do you want to add an Other Parent/Caretaker (if known)?	N/A
Other Parent /Caretaker First Name	N/A
Other Parent /Caretaker Last Name	N/A
(If Someone Else) First Name	N/A
(If Someone Else) Middle Initial	N/A
(If Someone Else) Last Name	N/A
(If Someone Else) Home Phone	**(If Someone Else) Home Phone EXT**
N/A	N/A

(If Someone Else) Work Phone	(If Someone Else) Work Phone EXT
N/A	N/A
(If Someone Else) Cell Phone	**(If Someone Else) Cell Phone EXT**
N/A	N/A
(If Someone Else) Relationship to the Appellant	N/A

Notice Appealing For

Case Number / Program	119299161 / SNAP
Document Title / Date	N/A

Continuation of Benefits

I WANT to request for my benefits to continue until the hearing decision is made (this does not guarantee qualification). I understand that if the decision is not in my favor, I may have to pay back the benefits.	Yes
SNAP (Food Stamps)	Yes
Families First (TANF)	N/A
I DO NOT WANT my benefits continued while the hearing decision is pending.	N/A

Representative / Attorney

Which program(s) are you representing?	
	SNAP (Food Stamps)
Relationship to Appellant	Attorney/Advocate
First Name	Josiah
Middle Initial	N/A
Last Name	Mezera

Authorized Representative / Attorney Address	
155 Lafayette St Nashville, Tennessee 37210-3461	
Primary Phone	615-445-9913
Primary Phone EXT	N/A
Alternate Phone	615-846-4723
Alternate Phone EXT	1223
Fax Number	N/A
Fax Number EXT	N/A
Email Id	jmezera@tnjustice.org
What is the best mode to contact you?	N/A
Would this individual like to receive any notices?	Yes
Do you want to name another Authorized Representative/Attorney who will assist you during the hearing?	No

In accordance with federal law and the policy of the U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS), this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. To file a complaint or ask questions, contact one of these offices: HHS Office for Civil Rights, Atlanta Federal Center, Ste 3B70, 61 Forsyth Street, SW, Atlanta, GA 30303-8909, (404) 562-7886; (404) 562-7881 (FAX); (404) 331-2867 (TDD); USDA, Director, Office for Civil Rights, 1400 Independence Av, SW, Washington, DC 20250-9410; (800) 795-3272; (202) 720-6382 (TTY).

You may also contact the Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 14th Floor, 505 Deaderick Street, Nashville, TN 37243, (833) 772-TDHS (8347).

P-Ex. 6

DECLARATION OF TRISTA HUBBARD

Pursuant to 28 U.S.C. § 1746, Trista Hubbard declares as follows:

1. I am one of the named plaintiffs in the above-referenced action.

2. I know the factual allegations made in the Complaint about me and my family.

Those allegations are truthful.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at Knoxville, Tennessee on this the 3rd day of December 2024

Respectfully submitted,

/s/ Trista Hubbard
Trista Hubbard (Dec 4, 2024 10:34 EST)
Trista Hubbard

Tennessee Department of Human Services
FAMILY ASSISTANCE APPLICATIONS

We will take your application with only your name, address, and signature. But the more you tell us, the faster we can see if you can get help. If you are approved, your benefits may start from the date we receive your application. In most cases you will need to talk with a TDHS worker to complete the application process.

You may be able to get SNAP in 7 days if:

1. Your household's monthly income is less than $150, and you now have resources of $100 or less.
2. Your shelter cost (plus utilities) is higher than your monthly income plus savings.
3. You do seasonal farm or migrant work.

If you have a disability that makes it hard for you to fill out or understand this application, we can help. We can call or visit you if you cannot come to our office. Clients may submit an application for benefits and certification materials applying online at https://onedhs.tn.gov, to their county office by mail, band-delivery, or you may fax your application to your local county office.

Your application tracking number is **T34358533**. You will need this number if you want information about the status of your application.

Sign and Submit:

I swear under penalty of perjury (making false statements under oath) and all other applicable penalties that the statements made on this application, any attachments, and to whoever interviewed me are true and correct. All persons applying for or receiving aid are U.S. citizens, legal aliens, or eligible immigrants. I understand and agree to the rules and information given to me. If asked, I will give information that proves my statement, or I give TDHS permission to get proof. I understand I must report any changes the way TDHS tells me to. I understand that the information I provide will be subject to verification by federal, state, and local officials to determine if such information is factual.

Release: The State of Tennessee or people who work for it may need to prove the information I gave is true. By signing this paper, I am saying it is OK to get proof. This will let them decide if I can get SNAP or Families First. I am also saying that I have read and understand the Statement of Understanding.

Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to $250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/ Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else's card.

Signature of Client: Trista Hubbard

Date: 11/13/2023 12:33:19

Head of Household

TRISTA HUBBARD | Age: 40			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
What is the language most commonly spoken in the household?		**If an interview is required will you need an interpreter?**	
English		No	
Do you consider yourself homeless?		**County of Primary Residence**	
No		N/A	
Do you need an EBT Card?			
No			
Where You live		**Mailing Address**	
6415 Bob Varner Rd Knoxville, Tennessee 37918-5902, County - Knox		6415 Bob Varner Rd Knoxville, Tennessee 37918-5902, County - Knox	
Home Phone	**Cell Phone**	**Work Phone**	**Email Id**
N/A	865-936-4302	N/A	trista_mcc1@hotmail.com

What is the best time to call you during the weekday?	**What is the best mode to contact you?**	**Who is completing this application?**
N/A	N/A	Self
Do you have a disability or Language barrier that requires an accommodation?	**What type of assistance do you need?**	**If other, describe accommodation needed**
No	N/A	N/A
Are you registered to vote where you live now?	**Would you like to vote?**	**Do you want TDHS to mail a voter registration form to you?**
Yes	N/A	N/A

Federal and/or State Convictions

Your SNAP benefits may end if you:

- Give incorrect information or hide facts to get SNAP benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.

If you break these rules, you will not get SNAP benefits for:
1 year the first time, 2 years the second time, and forever the third time.

If you trade SNAP benefits for drugs. You can be cut off for:
2 years the first time and forever the second time.

You may be cut off SNAP forever if you're found guilty of:

- Trading SNAP benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);
- Selling SNAP benefits worth $500 or more.

Don't give incorrect information about who you are or where you live to receive multiple SNAP/Food Stamp benefits. Giving incorrect information can keep you from getting SNAP/Food Stamp benefits for 10 years.

Have you or anyone in your household been found guilty of receiving TANF (cash benefits) or SNAP benefits from two or more states at the same time?
No
Has anyone used TANF funds at the following establishments: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and/or licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories? (TANF only)
N/A
Have you or any household member been convicted of buying or selling SNAP benefits over $500?
No
Do you or anyone in your household have a felony conviction because of behavior related to the possession, use or distribution of a controlled drug substance after 08/22/96 (SNAP & TANF)?
No
Are you or any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a convicted felony crime or attempted felony crime, or may have violation(s) of such, or are not in compliance with the conditions of parole or probation?
No

Have you or any household member been convicted of trading SNAP benefits for drugs or controlled substance?
No
Have you or any member of your household been convicted as an adult of aggravated sexual abuse, murder, sexual exploitation, and other abuse of children, a Federal or State offense involving sexual assault, or an offense under State law determined by the Attorney General to be substantially similar to such an offense, after February 7, 2014?
No
Has anyone you are applying for received SNAP & TANF from another state within the last 30 days?
No

Authorized Representative

Would you like to name an Authorized Representative at this time? No	
Authorized Representative Email	N/A
Home Phone	N/A
EXT	N/A
Cell/Other Phone	N/A
EXT	N/A
Work Phone	N/A
EXT	N/A
Authorized Representative Address	N/A
May apply for SNAP benefits for me?	N/A
May use my SNAP benefits for me?	N/A
May receive my SNAP benefits for me?	N/A
May apply for Families First benefits for me?	N/A
May use my Families First benefits for me?	N/A
May receive my Families First benefits for me?	N/A

Expedited SNAP Benefits

Do you have $100 or less in cash or in the bank?	Yes
How much cash or money in the bank do you have?	$32.00
Do you get less than $150 a month in income or other benefits (such as employment, social security, or child support)?	No
How much money do you get a month in income or other benefits (such as employment, social security, or child support)?	$1,500.00
Is your income plus your savings this month less than your shelter costs (for example: rent, mortgage, utilities)?	Yes
How much do you pay in rent/mortgage?	$1,100.00
What type of Utility Expense(s) do you pay? (Multi-Select)	Heating/Cooling, Water/Sewer, Telephone, Garbage Removal
Is someone in your household a migrant or seasonal farm worker?	No

People In Your Home

TRISTA HUBBARD | Age: 40			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity		Non-Hispanic	
Gender		Female	
Date of birth		[redacted]1983	
Social Security Number		[redacted]3056	
Marital Status		Married	
US Citizen?		Yes	
If No, what is this individual's A-number?		N/A	
Is this individual pregnant?		No	
Pregnancy Due Date		N/A	
What is this individual's education status?		Not in school	
Type of School		N/A	
Where is the individual currently attending school?		N/A	
Current number of credit hours		N/A	
Type of pending degree/certification		N/A	
Disability		No	
Race		White	
What is this individual's living arrangement?		At Home	
If not in the home, when did this living arrangement begin?		N/A	
Is this individual actively serving in the military?		No	
Is this individual actively serving in the military reserve?		No	
Enter the location/duty:		N/A	

Relationship to Head of Household	Self
Relationship to k[redacted]h[redacted]	is the mother of
Relationship to R[redacted] H[redacted]	is the mother of
Relationship to Shavonne Hubbard	is the wife of
Relationship to B[redacted]H[redacted]	is the stepmother of
Relationship to x[redacted]h[redacted]	is the mother of
Relationship to x[redacted]h[redacted]-f[redacted]	is the stepmother of

Shavonne Hubbard | Age: 36			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity		Non-Hispanic	
Gender		Female	
Date of birth		[redacted]987	
Social Security Number		N/A	
Marital Status		N/A	
US Citizen?		Yes	
If No, what is this individual's A-number?		N/A	
Is this individual pregnant?		No	
Pregnancy Due Date		N/A	
What is this individual's education status?		Not in school	
Type of School		N/A	
Where is the individual currently attending school?		N/A	
Current number of credit hours		N/A	
Type of pending degree/certification		N/A	
Disability		No	
Race		Black	
What is this individual's living arrangement?		At Home	
If not in the home, when did this living arrangement begin?		N/A	
Is this individual actively serving in the military?		No	
Is this individual actively serving in the military reserve?		No	
Enter the location/duty:		N/A	
Relationship to Head of Household		is the wife of	

Relationship to x[redacted] h[redacted]	is the stepmother of
Relationship to x[redacted] h[redacted]	is the mother of
Relationship to R[redacted] H[redacted]	is the stepmother of
Relationship to B[redacted]-H[redacted]	is the mother of
Relationship to k[redacted] h[redacted]	is the stepmother of

k h | Age: 17			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity		Non-Hispanic	
Gender		Female	
Date of birth		[redacted]2006	
Social Security Number		N/A	
Marital Status		Single	
US Citizen?		Yes	
If No, what is this individual's A-number?		N/A	
Is this individual pregnant?		No	
Pregnancy Due Date		N/A	
What is this individual's education status?		Full Time	
Type of School		High School	
Where is the individual currently attending school?		[redacted]	
Current number of credit hours		N/A	
Type of pending degree/certification		HS Diploma	
Disability		Yes	
Race		White, Black	
What is this individual's living arrangement?		At Home	
If not in the home, when did this living arrangement begin?		N/A	
Is this individual actively serving in the military?		No	
Is this individual actively serving in the military reserve?		No	
Enter the location/duty:		N/A	
Relationship to Head of Household		is the daughter of	

Relationship to B[redacted]	is the stepsister of
Relationship to x[redacted]	N/A
Relationship to x[redacted]	is the stepsister of
Relationship to R[redacted]	is the sister of
Relationship to Shavonne Hubbard	is the stepdaughter of

x h r | Age: 15			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity	Non-Hispanic		
Gender	Male		
Date of birth	[redacted]2008		
Social Security Number	N/A		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	N/A		
Pregnancy Due Date	N/A		
What is this individual's education status?	Full Time		
Type of School	High School		
Where is the individual currently attending school?	[redacted]		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	No		
Race	White, Black		
What is this individual's living arrangement?	At Home		
If not in the home, when did this living arrangement begin?	N/A		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		
Relationship to Head of Household	is the son of		

Relationship to Shavonne Hubbard	is the stepson of
Relationship to x[redacted]	is the stepbrother of
Relationship to k[redacted]	N/A
Relationship to R[redacted]	is the brother of
Relationship to B[redacted]	is the stepbrother of

xt h -fi | Age: 13			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity	Non-Hispanic		
Gender	Male		
Date of birth	[redacted]/2009		
Social Security Number	N/A		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	N/A		
Pregnancy Due Date	N/A		
What is this individual's education status?	Full Time		
Type of School	Middle School		
Where is the individual currently attending school?	[redacted]		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	Yes		
Race	Black		
What is this individual's living arrangement?	At Home		
If not in the home, when did this living arrangement begin?	N/A		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		
Relationship to Head of Household	is the stepson of		

Relationship to R[redacted] H[redacted]	is the stepbrother of
Relationship to B[redacted] P[redacted]-H[redacted]	is the brother of
Relationship to Shavonne Hubbard	is the son of
Relationship to k[redacted] h[redacted]	is the stepsister of
Relationship to x[redacted] h[redacted]	is the stepbrother of

R Ha | Age: 12			
I am applying for:			
Families First:	N/A	SNAP:	Yes
Ethnicity		Non-Hispanic	
Gender		Male	
Date of birth		[redacted]/2011	
Social Security Number		N/A	
Marital Status		Single	
US Citizen?		Yes	
If No, what is this individual's A-number?		N/A	
Is this individual pregnant?		N/A	
Pregnancy Due Date		N/A	
What is this individual's education status?		Full Time	
Type of School		Middle School	
Where is the individual currently attending school?		[redacted]	
Current number of credit hours		N/A	
Type of pending degree/certification		N/A	
Disability		Yes	
Race		White, Black	
What is this individual's living arrangement?		At Home	
If not in the home, when did this living arrangement begin?		N/A	
Is this individual actively serving in the military?		No	
Is this individual actively serving in the military reserve?		No	
Enter the location/duty:		N/A	
Relationship to Head of Household		is the son of	

Relationship to x[redacted] h[redacted]	is the brother of
Relationship to x[redacted] h[redacted] f[redacted]	is the stepbrother of
Relationship to B[redacted] Pl[redacted]-H[redacted]	is the stepbrother of
Relationship to Shavonne Hubbard	is the stepson of
Relationship to k[redacted] h[redacted]	is the brother of

Br P -Hı | Age: 5			
I am applying for:			
Families First:	N/A	SNAP:	Yes
Ethnicity		Non-Hispanic	
Gender		Female	
Date of birth		[redacted]2018	
Social Security Number		N/A	
Marital Status		Single	
US Citizen?		Yes	
If No, what is this individual's A-number?		N/A	
Is this individual pregnant?		N/A	
Pregnancy Due Date		N/A	
What is this individual's education status?		Not in school	
Type of School		N/A	
Where is the individual currently attending school?		N/A	
Current number of credit hours		N/A	
Type of pending degree/certification		N/A	
Disability		Yes	
Race		Black	
What is this individual's living arrangement?		At Home	
If not in the home, when did this living arrangement begin?		N/A	
Is this individual actively serving in the military?		No	
Is this individual actively serving in the military reserve?		No	
Enter the location/duty:		N/A	
Relationship to Head of Household		is the stepdaughter of	

Relationship to k[redacted]h[redacted]	is the stepsister of
Relationship to x[redacted] h[redacted]	is the stepsister of
Relationship to x[redacted]h[redacted]-f[redacted]	is the sister of
Relationship to R[redacted] H[redacted]	is the stepsister of
Relationship to Shavonne Hubbard	is the daughter of

Employment Information

Does anyone in the household have a job? No			
Employer Phone Number	**Employment Start Date**	**How often is this individual paid?**	**Hourly Wage**
N/A	N/A	N/A	N/A
Hours per week	**Does this individual still have this job?**	**Date of last payment**	**Amount of last payment**
N/A	N/A	N/A	N/A
Employer Address			
N/A			

Self-Employment Information

Is anyone in the household self-employed? No				
Type of Self-Employment	**Monthly Income**	**Hours per week**	**How much income (before taxes) will this individual earn annually?**	**What is this individual's annual expenses related to this self-employment?**
N/A	N/A	N/A	N/A	N/A

Other Income Information

TRISTA HUBBARD			
Type of Income	**First Payment Date**	**How often is this individual paid?**	**Claim ID**
Child Support legally obligated	11/06/2023	Monthly	N/A
How much does this individual receive each time?		**How much income (before taxes) does this individual receive from this source a month?**	
$717.00		N/A	

k h			
Type of Income	**First Payment Date**	**How often is this individual paid?**	**Claim ID**
Social Security (RSDI) Survivor or Retirement Benefit	11/03/2023	Monthly	N/A
How much does this individual receive each time?		**How much income (before taxes) does this individual receive from this source a month?**	
$260.00		$260.00	

x h			
Type of Income	**First Payment Date**	**How often is this individual paid?**	**Claim ID**
Social Security (RSDI) Survivor or Retirement Benefit	11/03/2023	Monthly	N/A
How much does this individual receive each time?		**How much income (before taxes) does this individual receive from this source a month?**	
$260.00		$260.00	

R H			
Type of Income	**First Payment Date**	**How often is this individual paid?**	**Claim ID**
Social Security (RSDI) Survivor or Retirement Benefit	11/03/2023	Monthly	N/A
How much does this individual receive each time?		**How much income (before taxes) does this individual receive from this source a month?**	
$260.00		$260.00	

Cash Resource Information

Does anyone in the household have cash? No
How much cash does this person have?
N/A

Checking and Saving Account Resource Information

Does anyone in the household have a checking or savings account? No	
Type of Account	**Total Balance**
N/A	N/A

Certificate of Deposit Resource Information

Does anyone in the household have certificates of deposit? No
Total Balance
N/A

Stocks, Bonds and Mutual Funds Resource Information

Does anyone in the household have stocks, bonds, or mutual funds? No	
Type	**What is the value?**
N/A	N/A

Retirement Resource Information

Does anyone in the household have a retirement account? No
What is the Balance?
N/A

Other Resource Information

Does anyone in the household have any other resources? No	
Resource Type	**What is the Value?**
N/A	N/A

Joint Account

Are any of these accounts joint accounts? No
Are any of these Joint Accounts?
No

Child Care Expense Information

Does anyone in the household have Child Care Expenses? No	
How often is this Child Care Expense paid?	N/A
Amount paid each time?	N/A
Who provides this Child Care?	N/A
Child Care Provider Name	N/A

Shelter Expenses Information

TRISTA HUBBARD	
Shelter Expense Type	Mortgage
How often is the Shelter Expense paid?	Monthly
Amount paid each time?	$1100.00

Utility Expenses Information

TRISTA HUBBARD	
Does this Utility Expense include heating or cooling costs?	Yes
Utility Expense Type(s):	Electricity, Telephone, Garbage/Trash, Sewer, Water
Monthly Amount	$800.00

Medical Expense Information

Does anyone in the household have Medical Expenses? No	
Type of Medical Expense	N/A
How often is the Medical Expense paid?	N/A
Amount paid each time?	N/A

Child Support Payments Information

Does anyone in the household make Child Support Payments? No
Monthly Amount
N/A

Permission To Release School Attendance Records

I (client) give permission for the school attendance records of children on this application to be released to the Tennessee Department of Human Services by the Tennessee Department of Education or my child's school. The Department of Human Services will use these records, including social security numbers to help me meet my Families First Responsibilities. The records will be destroyed when they are no longer needed.
Yes
Are you willing to comply with child support?
N/A

Non-Discrimination

TDHS is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to

USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

You may also write Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 505 Deaderick Street, Nashville, TN 37243, (615) 313-4700.

Penalties For SNAP Violations:

Your SNAP/Food Stamp benefits may end if you:

- Give incorrect information or hide facts to get SNAP benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.

If you break these rules, you will not get SNAP/Food Stamp benefits for:

- First Offense: 1 year of no SNAP benefits;
- Second Offense: 2 Years of no SNAP benefits;
- Third Offense: You will NEVER be eligible for SNAP benefits.

If you trade SNAP/Food Stamp benefits for drugs/controlled substances. You can be cut off for:

- First Offense: 2 years of no SNAP benefits;
- Second Offense: You will NEVER be eligible for SNAP benefits again.

You'll be cut off the SNAP/Food Stamp Program forever if you're found guilty of:

- Trading SNAP/Food Stamp benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);
- Selling SNAP/Food Stamp benefits worth $500 or more.

Don't give incorrect information about who you are or where you live to receive multiple SNAP/Food Stamp benefits. Giving incorrect information can keep you from getting SNAP/Food Stamp benefits for 10 years.

Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to $250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else's card.

Penalties For Families First Violations:

Your Families First benefits may end if you:

- Give incorrect information or hide facts to get Families First benefits;
- Use your Benefit Security Card (EBT Card) in a prohibited location: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories.

If you give incorrect information, you will not be ineligible for Families First benefits for:

- First Offense: 6 months of no Families First benefits;
- Second Offense: 1 year of no Families First benefits;
- Third Offense: You will NEVER be eligible for Families First benefits.

You will not get Families First benefits for ten (10) years if you get cash assistance payments in two (2) states at the same time.

Fair Hearing Appeal Policy

You have the right to appeal any action or decision made by this agency. A Fair Hearing will allow yon to explain how you feel the action or decision did not follow policy. The Fair Hearing officer will decide if the policy was correctly followed or not followed by the agency. Individuals who wish to appeal must complete and submit the HS-3058 Consolidated Appeal Request Form within ten (10) calendar days of the denial or termination notice.

If you reqnest a Fair Hearing within ten (10) calendar days following the action or decision, you may choose to continue receiving child care payment assistance during the appeal process. If you request a Fair Hearing after ten (10) calendar days from the date of the action or decision, child care payment

assistance will not continue to be paid during the appeal process. If you do choose to continue receiving child care payment assistance during the Fair Hearing process and it is later decided that you were not eligible for payment assistance, you will be required to repay the full amount of child care payment assistance you were not entitled to receive.

You will not be penalized or treated unfairly by your Child Care Specialist or other Certificate Program staff for requesting a Fair Hearing. You may bring a friend, relative or lawyer to the Fair Hearing to speak on your behalf.

Drug Screening Information:

Effective July 1, 2014, state law requires the Department of Human Services (DHS) to screen any cash assistance applicant eighteen (18) years of age or older(or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative), who is otherwise eligible for cash assistance, for the use of a controlled substances. In a two (2)-parent household, only one (1) parent, the applicant, will be screened. T.C.A. § 71-3-1202.

These controlled substances include the following:

- Marijuana (cannabis, pot, weed, etc.);
- Cocaine (coke, blow, crack, rock, etc.);
- Methamphetamine/Amphetamine type stimulants (speed, meth, ecstasy, X, ice, etc.);
- Opiates (heroin, morphine, methadone, opium, Buprenorphine, codeine, etc.).

If your screening results indicate that you use controlled substances, you will be required to take a drug test.
If you are currently taking a prescription medication, which you believe may contain any of the above controlled substances, you may provide verification of the valid prescription to the Medical Review Officer after taking the drug test. No drug for which an individual has a current and valid prescription shall be the basis for denial of cash assistance. T.C.A. § 71-3-1202(d)(2).

If you are required to take a drug test and your results are positive, you will be required to submit to a substance abuse evaluation and may be required to undergo substance abuse treatment. If you fail to submit to a substance abuse evaluation or undergo required substance abuse treatment, your needs will be removed from the household, and your cash assistance benefits will be reduced. T.C.A. § 71-3-1202(h).

Each Families First/TANF applicant age eighteen (18) or older (or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative) must answer the questions contained on this form.

Important Information

- **You will be denied benefits until you submit this form and DHS determines you can receive benefits.**
- **You will be notified if DHS does not receive this completed form, other necessary information, and/or any necessary drug test by the stated deadline.**

YOU WILL BE DENIED BENEFITS IF:

- **You do not fill out this form completely and return it by the requested date.**
- **You fail or refuse to take a drug test, if required, based on your answers on this form.**
- **You do not provide other information necessary to determine your eligibility, including the results of a drug test, if necessary.**

Use Of Drug Screening And Test Results

By law, all information regarding this screening form and any drug testing results you may have are confidential and will not be released to law enforcement and cannot be used in any criminal proceedings.

However, **any evidence discovered as a resnlt of this screening, or as a result of a later drug test, that the Department determines supports a reasonable cause to believe that parental abuse, sexual abuse, or neglect of a child has occurred, is required by state law to be reported to the Department of Children's Services,** and can be used in any civil court proceeding involving the protection and custody of that child or in any permanency proceeding in court involving foster care of that child or termination of parental rights to that child. In addition, this information can be used by the Department in any appeal you may file to find out if DHS has made a mistake in determining if you can get TANF/Families First benefits, or it can be used in any civil or administrative matter that concerns defense of a case filed by you against the Department or the drug testing agency. T.C.A. § 71-3-1204.

KNOX CO. DEPT. OF HUMAN SERVICES
2700 MIDDLEBROOK PIKE
SUITE 200
KNOXVILLE, TN 37921-5602

https://www.tn.gov/humanservices

TRISTA HUBBARD
6415 BOB VARNER RD
KNOXVILLE TN 37918-5902

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Trista Hubbard
Case Number: 225373065
Customer ID: 217308531
Date: 01/08/2024
Family Assistance Service Center: 1-866-311-4287

Request for Verification

We may have to turn you down unless you give us the proof we need by January 16, 2024. You applied for help from Human Services or reported a change. We need you to give us proof of the following information.

Program:	**SNAP**		
Who?	**What information is needed?**	**What Time Period?**	**Additional Information**
TRISTA HUBBARD	Liquid Resources - Checking Account	November 2023 - Present	Please provide a screen shot showing the balance in CashApp for everyone who has this resource.

You must get this proof to us by January 16, 2024.

Examples of Acceptable Proof:

Social Security Number	Social Security card, or proof of application for a Social Security number.
Your Identity	Driver's license, school ID with photo, Passport, Resident Alien card, I-94 card, or voter's registration card
Where you live	Lease agreement, utility bill, phone bill, or driver's license with your address on it.
Income	Check stubs, employer statement, award letters
Resources	Bank Accounts, Certificate of Deposit, savings bonds
Property	Automobiles, trucks, boats, motorcycles, and recreational vehicles
Shelter Costs	Mortgage payments, property tax, homeowner's insurance, rent receipt, lease agreement
Cost of Utilities	Electric bill, water bill, gas bill
Citizenship or Alien Status	For any person you want to receive assistance, you must be able to document that they are U.S. Citizens or nationals. Types of documents that may be viewed for citizenship will include:

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	- U.S. Passport - Certificate of Naturalization - Certificate of U.S. Citizenship - Birth Certificate - Hospital, clinic, or doctor records - A report or Certification of Birth Abroad of a U.S. Citizen - U.S. Citizen ID card, or adoption papers, or a military record. - INS (Immigration) papers for people who were not born in the U.S.
Age	Birth Certificate, hospital records, baptismal records, and school records
School Attendance/Grades	For any dependent child for which you wish to receive assistance. School records, report cards.
Immunizations and Health Checks	For any dependent child for which you wish to receive assistance. Health Department records, "shot" records, medical records, statement from a physician.

If anyone is claiming incapacity: we will request (or in some instances, may ask you to help us get) your providers name, address, fax number, and/or email address.

** Shelter and utility expenses can be allowed in your case. If verified, these expenses could possibly increase your SNAP benefits. If verifications for these expenses are not provided within the timeframe required, we will remove these expenses from your case and your SNAP benefit amount will be determined without these deductions/expenses.

Call your worker for help if you have trouble getting this proof and we can assist you in obtaining the required verifications, provided your household is cooperating with us.

If you have any other questions, please call your worker. You can also call the Family Assistance Service Center at 1-866-311-4287 about Families First or SNAP. This is a free call.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 865-637-0484.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):

You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:

- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:

- We can call if you are not able to come to our office.

- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at : https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint, and at any USDA office,or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form,call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at:http://www.fns.usda.gov/snap/contact_info/hotlines.htm

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697(TTY)

This institution is an equal opportunity provider.

SNAP and Families First Verification Checklist

The verifications below are needed at interview to timely process your case.

Below we have listed some information that may need to be verified before your application can be completed. We've listed some of the papers you can use as proof. There may be other kinds of proof you can use.

To verify your identity

- ☐ Driver's license
- ☐ School or work identification
- ☐ Voter's registration card
- ☐ Birth certificate
- ☐ Passport
- ☐ Resident Alien Card
- ☐ I-94 Card

To verify your address

- ☐ Property tax statement
- ☐ Homeowners or renters insurance
- ☐ Current utility bills
- ☐ Rent or mortgage receipts showing address
- ☐ Mail sent to stated address

To verify your income (provide a document for each income source)

- ☐ Check stubs
- ☐ Award letters
- ☐ Employer statement (if you get paid in cash or if you do not have your check stubs)
- ☐ Social Security, Supplemental Security Income, or Veteran's Benefits
- ☐ Other Retirement or Disability Benefits
- ☐ Child Support Agreement or Receipts
- ☐ Unemployment compensation
- ☐ W-2 forms

To verify your citizenship or alien status

- ☐ Immigration and Naturalization Documents
- ☐ Birth certificate
- ☐ US passport
- ☐ Certificate of US citizenship

To verify your resources

- ☐ Bank statements for checking/savings accounts
- ☐ Stock shares, bonds, and/or CDs
- ☐ Proof of rental properties
- ☐ Titles for non-household transportation and Recreational vehicles
- ☐ Titles for vehicles (Families First Only)

To verify your expenses (SNAP Only)

- ☐ Rent or mortgage payments
- ☐ Property taxes
- ☐ Insurance on property
- ☐ Utilities receipts (gas, water, electricity, etc.)
- ☐ Child care costs
- ☐ Child support payments

Medical expenses not covered by insurance (SNAP only deduction for households of elderly, age 60+, or disabled persons)

- ☐ Summary of provided services such as doctor or hospital visits
- ☐ Detailed receipts showing unreimbursed medical expenses
- ☐ Prescription ledger showing cost of prescriptions on the printout
- ☐ Medical payment agreement
- ☐ Invoices or receipts for medical equipment (including the rental cost)

Other Verifications (Families First Only)

- ☐ Age (e.g., birth certificate)
- ☐ School attendance/grades
- ☐ Immunizations and health checks

Need to report a change? Have Questions? Need help? The Family Assistance Service Center (FASC) is here to help
Monday-Friday 8:15-4:00 1-866-311-4287

DIVISION OF APPEALS AND HEARINGS
JAMES K. POLK BUILDING, 1ST FLOOR
505 DEADERICK STREET
NASHVILLE, TENNESSEE 37243
TELEPHONE: 833-772-8347 OR TTY: 711
FAX: (615) 248-7013

https://www.tn.gov/humanservices

TRISTA HUBBARD
6415 BOB VARNER RD
KNOXVILLE TN 37918

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: TRISTA HUBBARD
Appeal Number: 2403364914
Customer ID: 217308531
Date: 07/31/2024

Notice of Hearing

You asked for a SNAP appeal. Because you requested a telephone hearing, your Hearing will be conducted by telephone with a DHS Administrative Judge and a representative(s) of the Tennessee Department of Human Services. You can have an attorney represent you. Your local Legal Services office can tell you if you can get free or low cost legal help.

DATE: 08/12/2024

TIME: 08:00 AM CST / 09:00 AM EST

Do you have an attorney who will help you with your appeal? If so, tell them to send us a letter that they will be helping you with your appeal. It should include your name and docket number. If you do not tell us you have an attorney, your appeal may take longer.

This may be sent by mail to:

Department of Human Services
Division of Appeals and Hearings
James K. Polk Building, 1st Floor
505 Deaderick Street
Nashville, Tennessee 37243

Or you can fax your letter to us at (615) 248-7013 or (866) 355-6136
or e-mail us at AppealsClerksOffice.DHS@tn.gov

You will be contacted by telephone during the time noted above at a phone number you have provided which is/are (865) 936-4302. How long it takes to contact you depends on how many phone hearings are scheduled that day. **You will receive a packet of evidence in a separate envelope if one is not included with this notice. Please have this packet ready for review during your hearing.**

ISSUE: (Appellant) is a Tennessee resident whose application for Supplemental Nutrition Assistance Program (SNAP) benefits was denied.

FACTS OF THE CASE: The Appellant applied for SNAP benefits through the Department of Human Services (DHS). The Appellant's application for SNAP benefits was denied. DHS records reflect that the Appellant failed to submit all requested verifications by the required deadline for the purposes of SNAP eligibility.

LEGAL AUTHORITY: Tenn. Comp. R. & Regs. 1240-1-14, Tenn. Comp. R. & Regs. 1240-1-16

If you would like further information regarding the legal authority listed above, you can visit the following websites:
https://www.ecfr.gov/cgi-bin/ECFR?page=browse
https://www.govinfo.gov/app/collection/uscode
http://www.lexisnexis.com/hottopics/tncode/
https://publications.tnsosfiles.com/rules/1200/1200.htm
https://publications.tnsosfiles.com/rules/1240/1240.htm

Our contact information for all administrative appeal purposes is by phone at (833-772-8347) or TTY (711) or by e-mail at AppealsClerksOffice.DHS@tn.gov or by fax at (615) 248-7013 or (866) 355-6136. The mailing address is:

Department of Human Services
Division of Appeals and Hearings
James K. Polk Building, 1st Floor
505 Deaderick Street
Nashville, Tennessee 37243

This case is adjudicated under Tennessee Code Annotated Section 4-5-301, et seq. and State Rule 1240-05-01, et seq. If you wish to read the rules the County Office used, they will be shown to you at the County Office if you ask or you can look at them online at the following web address (look for the rule cited above as the legal authority):
https://publications.tnsosfiles.com/rules/1240/1240.htm

At the Hearing, you or someone you tell to come and talk for you will be given a chance to:

(a) look at all papers and records to be used at the Hearing unless specifically excluded as confidential medical information by your healthcare provider;

(b) present your case through witnesses and written evidence or have it presented by your lawyer or other person you want to help you;

(c) bring people such as members of your family who know your situation;

(d) tell your side of the story;

(e) tell why you think any testimony or evidence is wrong; and,

(f) give evidence that tells your side of the story.

Both parties to this Hearing should be ready to present their case, with all evidence that tells their side of the story, on the scheduled Hearing date. Should you wish to subpoena a person or persons, or documents, please call (833-772-8347) or TTY (711) or e-mail us at AppealsClerksOffice.DHS@tn.gov or send us a fax at (615) 248-7013 or (866) 355-6136.

If you cannot participate at the Hearing as scheduled, please e-mail us at AppealsClerksOffice.DHS@tn.gov, or call (833-772-8347) or TTY (711), or send us a fax at (615) 248-7013 or (866) 355-6136 to request a continuance. You will receive a response by phone, letter, and/or by e-mail.

If you want a lawyer and cannot pay for one, you can ask for free legal help at the closest Tennessee Legal Services Program or Legal Aid Office. They can be reached at one of the phone

numbers below:

Legal Aid Society of Middle Tennessee and the Cumberlands	"(800) 238-1443" or TTY (711)
Legal Aid of East Tennessee	"(865) 637-0484" or TTY (711)
West TN Legal Services, Inc.	"(731) 423-0616" or TTY (711)
Memphis Area Legal Services, Inc.	"(901) 523-8822" or TTY (711)

You might be able to get legal help that does not cost very much through your local Bar Association or Lawyer Referral Service.

Since TRISTA HUBBARD will be testifying by telephone, TRISTA HUBBARD will need to send fax or e-mail copies of any papers to be used at the hearing to the DHS Administrative Judge and the representative for the Department of Human Services at fax number (615) 248-7013 or (866) 355-6136 or by e-mail at AppealsClerksOffice.DHS@tn.gov. Copies of the papers that the Department of Human Services intends to use are included with this notice or will be sent separately. Any additional papers from either party not available prior to or at the hearing may be submitted after the hearing at the discretion of the DHS Administrative Judge.

One or more of the witnesses for the Department of Human Services may testify at the hearing by telephone unless you object in writing by fax, mail, or email (contact information provided above).

Your written objection must be received in the Division of Appeals and Hearings at least five (5) calendar days before your scheduled hearing date.

If the DHS Administrative Judge does not hear from you, we will speak to you by phone on August 12, 2024.

CC: Adrienne Y Freeman, Program Director, 505 Deaderick St, First Floor, Nashville, DAVIDSON, TN 37243

Melanie R Foster, Program Director, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

Ernie R Armstrong, Program Coordinator, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

LaKecha X Threats, DHS Administrative Judge, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

Hubbard, Trista FS 2403364914

Appeal #	EBMS Case #	Program	Appellant Name	SSN	Date Of Birth	Appeal Type - Major Issue	Appeal Status	Actions
2403364914	225373065	SNAP	HUBBARD, TRISTA	[redacted]3056	[redacted]1983	Eligibility Appeal-Denied Application	Scheduled	

FA CASE #	Program	Appeal Type - Major Issue - Minor Issue	Appellant Address	Hearing Details	Docket ID	Appeal Filing Date	Linked Appeal IDs
225373065	SNAP	Eligibility Appeal-Denied Application-Verification	6415 Bob Varner Rd,Knoxville,TN,3	08/12/2024 09:00 AM-12:00 PM (Eastern) "On Phone"	24070138474	03/07/2024	

RESIDENCE ADDRESS INFORMATION

Address Line 1:* 6415 Bob Varner Rd

Address Line 2:

Residence County:* KNOX

City:* Knoxville

State:* Tennessee

ZIP/Postal Code:* 37918 -

DEMOGRAPHICS

Cell/Other Phone Number:* 865 936 4302 Ext.

Home Phone Number: Ext.

Work Phone Number: 865 670 3713 Ext.

Appellant Email: trista_mcc1@hotmail.com

Hubbard, Trista FS 2403364914

REASON FOR APPEAL

Program:* SNAP

Appeal Type:* Eligibility Appeal

Major Issue:* Denied Application

Minor Issue: Transitional Snap Benefits
Unknown
Verification

Process Due Date: 05 / 06 / 2024

Actual Application Date: 11 / 13 / 2023

APPEAL NOTE CREATED BY DEHAIEJ ON 06/03/2024 03:38 PM

firstly I filed for assistance in Nov 2023 bc i didnt receieve my benefits on the 12th. Once i filed i didnt hear from dhs office until i got a letter saying i haf a phone interview no one called so i went into the office and was adv I didnt have an appt. i had to show them the paper and never got a call. i went into the office several tines until i finally got a call jan 3rd. I was asked to submit my income and i did. I submitted my banking information etc. I was asked if i had cashapp and i adv I do not. my daughter does have cashapp and it is linked to my bank acct because yhats how she send me money when I need to borrow it but the worker i talked to said i didnt need to show her cashapp information because she doesnt live in my home and isnt on my case. fast forward to Feb 21 I get another call from someone at dhs office stating that the case was denied and a letter had been sent out. i have never received a letter of denial, the only notice showing on the dhs website is on 12/18/23 for my 12-21-23 appointment. nothing after that at all! I also get emails from usps with pictures of every piece of mail i receieve and i can submit those emails if needed to prove i have not gotten anything about the denial. I was told that i have to have the denial letter to file an appeal but I dont want to wait too long as i have spoken woth 3 different people asking for the letter to be sent and nothing has come. i feel like i am due to get all of the back pay of the stamps that i was supposed to be receiving. i did start a new job and refiled for snap but not having it for Nov til March has caused me to lose one car, and im bvery behind on other bills. mostly because i had to choose to pay bills or feed my children. you can see my file and see me that u was calling in or going to the office at least weekly the entire time i wasnt getting assistance.

APPEAL NOTE CREATED BY DEHAIEJ ON 06/03/2024 03:40 PM

Appellant: TRISTA HUBBARD [redacted]3056
Appeal Tracking Number: 2403364914
AFD: 03/07/2024
CLIENT ID: 217308531
Case: 225373065

Hubbard, Trista FS 2403364914

Application Received: T34358533 , 11/13/2023
Adverse Action Notice Date: 1/29/24
Major issue- DENIED
Sub-issue- FAILED TO SUPPLY LIQUID RESOURCES
COB- N/A
NOTE:
Case Analysis: Appellant filed application 11/13/24, was interviewed, verifs requested, provided 1/4/24, (17 verifs) denied 1/29/24 for no CASH APP, supplied statement she has no cash app 1/30/24. She states she never received the denial notice, I cannot offer resolution, she appeal will be scheduled.

Case/Application Information

Case/Application Number	Case/Application Status	Application Received Date
T50479950	Case Approved	2024-05-07 00:00:00.0
T50406697	Case Denied	2024-02-22 00:00:00.0
T50406650	Application Denied	2024-02-21 00:00:00.0
T50267947	Case Denied	2024-02-22 00:00:00.0
T34358533	Case Denied	2023-11-13 00:00:00.0
333961483	Denied	2021-10-26 00:00:00.0
333961433	Closed	2023-09-01 00:00:00.0
225373065	Closed	2024-05-07 00:00:00.0

CASE SUMMARY INFORMATION

Primary Individual (PI):	TRISTA HUBBARD 40F
Case Number:	225373065
Last Application Received Date:	05/07/2024
Case Status:	Closed
Case Action:	
Residence Address:	6415 Bob Varner Rd Knoxville, Tennessee, 37918
Mailing Address:	
Current Residence County:	KNOX
Associated Open Appeals:	2403364914 ,2405391033

CASE CONTACT INFORMATION

Phone Details

Phone Type	Phone Number	Extension	Comments
Home	(865)936-4302		
Cell/Other	(865)936-4302		
Work	(865)670-3713		

Page 1 of 1 10 View 1 - 3 of 3

Email Details

Email	Comments
TRISTA_MCC1@HOTMAIL.COM	

Page 1 of 1 10 View 1 - 1 of 1

ACTIVE CASE MEMBERS

Name	Relationship to PI	Client ID	Date of Birth
TRISTA HUBBARD 40F		217308531	[redacted]1983
SHAVONNE HUBBARD 36F	is the spouse of	257182492	[redacted]1987
KLOEE HARDY 18F	is the daughter of	231053856	[redacted]2006
X[redacted] H[redacted] 16M	is the son of	234722627	[redacted]2008
X[redacted] H[redacted] F[redacted] 13M	is the stepson of	257182484	[redacted]2010
R[redacted] H[redacted] 13M	is the son of	241671469	[redacted]2011
BR[redacted] PH[redacted] H[redacted] 5F	is the stepdaughter of	257182476	[redacted]2018

Page 1 of 1 10 View 1 - 7 of 7

INACTIVE CASE MEMBERS

Name	Relationship to PI	Client ID	Date of Birth	End Date	End Reason
CECILIA Y RYAN 22F	is the daughter of	219963511	[redacted]2001	04/18/2024	Moved Out of Household

Page 1 of 1 10 View 1 - 1 of 1

KNOX CO. DEPT. OF HUMAN SERVICES
2700 MIDDLEBROOK PIKE
SUITE 200
KNOXVILLE, TN 37921-5602

https://www.tn.gov/humanservices

TRISTA HUBBARD
6415 BOB VARNER RD
KNOXVILLE TN 37918-5902

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: Trista Hubbard
Application Number: T34358533
Customer ID: 217308531
Date: 12/18/2023
Family Assistance Service Center: 1-866-311-4287

Notice of Appointment

You have been scheduled for the following **telephone interview appointment**.

Date: 12/21/2023 Time: 8:00 AM CST/9:00 AM EST.

Phone number on file: (865) 936-4302

We will call you within an hour of your appointment time to talk to you about your application for benefits.

This interview is for SNAP.

If you did not provide a phone number or your phone number has changed, please contact the Family Assistance Service Center 1-866-311-4287 before your scheduled telephone appointment to provide a number where we can reach you. If you prefer to come into our office or you cannot keep this interview appointment, please call us to reschedule. **It is important to keep your appointment.**

If you do not request another appointment, your application for benefits may be denied.

What do you need for your interview?

We will ask you questions about your application and your household. Your household is anyone who lives with you and who buys and prepares food with you. We will use this information to help us determine if you qualify for SNAP benefits and the amount your benefits would be.

We will ask you for certain documents. If you decide to come in person for an interview, please bring:

- A form of identification, such as your driver's license.
- Documents to verify your resources for example, bank statements, certificates of deposit, savings bonds, property, cars, trucks, motorcycles, recreational vehicles.

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: Trista Hubbard
Customer ID: 217308531
Family Assistance Service Center: 1-866-311-4287

Case Number: 225373065
Date: 01/05/2024

Request for Verification

We may have to turn you down unless you give us the proof we need by January 16, 2024. You applied for help from Human Services or reported a change. We need you to give us proof of the following information.

Program:	SNAP		
Who?	**What information is needed?**	**What Time Period?**	**Additional Information**
TRISTA HUBBARD	Liquid Resources - Savings Account	November 2023 - Present	N/A
TRISTA HUBBARD	Liquid Resources - Savings Account	November 2023 - Present	N/A
TRISTA HUBBARD	Shelter Expense - Mortgage	November 2023 - Present	Please provide a recent copy of your mortgage statement in your name at your current address showing your regularly scheduled mortgage payment.
TRISTA HUBBARD	Utility - Heating or Cooling expense	November 2023 - Present	Please provide a copy of your most recent utility bill in your name at your current address.

You must get this proof to us by January 16, 2024.

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: Trista Hubbard
Customer ID: 217308531
Family Assistance Service Center: 1-866-311-4287

Case Number: 225373065
Date: 01/08/2024

Request for Verification

We may have to turn you down unless you give us the proof we need by January 16, 2024. You applied for help from Human Services or reported a change. We need you to give us proof of the following information.

Program:	SNAP		
Who?	**What information is needed?**	**What Time Period?**	**Additional Information**
TRISTA HUBBARD	Liquid Resources - Checking Account	November 2023 - Present	Please provide a screen shot showing the balance in CashApp for everyone who has this resource.

You must get this proof to us by January 16, 2024.

Examples of Acceptable Proof:

Social Security Number	Social Security card, or proof of application for a Social Security number.
Your Identity	Driver's license, school ID with photo, Passport, Resident Alien card, I-94 card, or voter's registration card
Where you live	Lease agreement, utility bill, phone bill, or driver's license with your address on it.
Income	Check stubs, employer statement, award letters
Resources	Bank Accounts, Certificate of Deposit, savings bonds
Property	Automobiles, trucks, boats, motorcycles, and recreational vehicles

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: Trista Hubbard
Customer ID: 217308531
Family Assistance Service Center: 1-866-311-4287

Case Number: 225373065
Date: 01/26/2024

Notice of Decision

SNAP

You applied for Supplemental Nutrition Assistance Program (SNAP) benefits on November 13, 2023. This letter is to let you know that we made a decision regarding your application.

Your application for SNAP benefits has been denied for the following reason(s):

Reason
A mandatory member refused or failed to verify required information for Liquid Resources

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?
Call Legal Services or Legal Aid at 865-637-0484.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):
You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:
- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:
- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.

Hubbard, Trista FS 2403364914

CASE NOTES SEARCH RESULTS

Entry Date	Entered By	Description	Program(s)
03/20/2024	Anthony Lewis, DEC82FN	Processing	SNAP, Families First
03/15/2024	Rosetta Bowers, DEKLE63	case note	SNAP, Families First
03/07/2024	Cheryl Greenwood, DEKLE94	Application processed	SNAP
01/25/2024	Mary Wallace, DEC47GU	Verifs & denial	SNAP, Families First
01/25/2024	Mary Wallace, DEC47GU	call attempt	SNAP, Families First
01/17/2024	Noelle Harris, DEHAIDL	Appeals notes	SNAP, Families First
01/05/2024	Mary Wallace, DEC47GU	verifications	SNAP, Families First
01/04/2024	Mary Wallace, DEC47GU	11/13/23 app case notes	SNAP, Families First
01/04/2024	Mary Wallace, DEC47GU	child support verif	SNAP, Families First
01/04/2024	Mary Wallace, DEC47GU	child support pass through	SNAP, Families First
01/04/2024	Mary Wallace, DEC47GU	CS Pass through ending	SNAP, Families First
01/04/2024	Mary Wallace, DEC47GU	Cash verif	SNAP, Families First
01/04/2024	Mary Wallace, DEC47GU	vehicle verif	SNAP, Families First
01/04/2024	Mary Wallace, DEC47GU	property	SNAP, Families First
01/04/2024	Mary Wallace, DEC47GU		
01/04/2024	Mary Wallace, DEC47GU		
01/04/2024	Mary Wallace, DEC47GU		
01/04/2024	Mary Wallace, DEC47GU		
01/04/2024	Mary Wallace, DEC47GU		
01/04/2024	Mary Wallace, DEC47GU		
12/21/2023	Jernice Briggs, DEKSC30	FASC Reschedule	SNAP

CASE NOTE CREATED BY MARY, WALLACE, MARY.A.WALLACE@TN.GOV, DEC47GU ON 01/04/2024
took cs-not ff & homestead property

CASE NOTE CREATED BY MARY, WALLACE, MARY.A.WALLACE@TN.GOV, DEC47GU ON 01/04/2024
Ended child support pass through payment-final payment made in 11/2023.

Hubbard, Trista FS 2403364914

CASE NOTE CREATED BY MARY, WALLACE, MARY.A.WALLACE@TN.GOV, DEC47GU ON 01/04/2024

tcses [redacted]494-samuel hardy hr

* The Printed Report is not complete unless the totals are included at the bottom of the document.*

NCP Payment Received Date	NCP Payment Effective Date	NCP Payment Received	NCP Payment Less Fee	Fee Amount	NCP Received Credit For Payment
01/03/2024	01/03/2024	$728.40	$728.40	$0.00	YES
12/01/2023	12/01/2023	$717.60	$717.60	$0.00	YES
11/03/2023	11/03/2023	$717.60	$717.60	$0.00	YES
10/03/2023	10/03/2023	$717.60	$717.60	$0.00	YES
09/01/2023	09/01/2023	$717.60	$717.60	$0.00	YES

CASE NOTE CREATED BY MARY, WALLACE, MARY.A.WALLACE@TN.GOV, DEC47GU ON 01/04/2024

app date: 11/13/23
person interviewed: trista hubbard
interview conducted by: paper interview 1/4/24 ny dec47jy
type: intake
cc: tam & oliver lowery: parents 865-919-2885
cc: beth & dom piear, str, 865-443-8590-verified tn res & hh comp
does app have differing info: no
expenses exceed income: no
verifications requested: chime & us bank balance, mo, ut
snap work requirement & oral script discussed with cust: yes
customer screened for e&t referral: yes
does all info on app match cust stmt: no: kloee is working, under 18, income doesn't count.
case status: pending

**started & stopped income due to system not calculating correctly.

CASE NOTE CREATED BY MARY, WALLACE, MARY.A.WALLACE@TN.GOV, DEC47GU ON 01/05/2024

verifications received 12/18/23:
screen shot of current schedule & status @ staffing solutions.
hallsdale-powell ws bill trista hubbard @ address reported. $440.03.
kub ut bill trista hubbard @ address reported $403.60.
us bank stmt for brielle, shavonne, & trista $366.16. **SHOWING TRANSCATIONS FROM CASHAPP-NOT REPORTED.
Crickett phone bill $46.
Chime stmt ch $.011 & credit builder $0.70 & screen shots of payments.
Several pages of loan modification agreement, loan # [redacted]1993. Nov 1 2023 $829.64.

Case now pending for any and all CashApp balances not reported.

CASE NOTE CREATED BY NOELLE, HARRIS, NOELLE.HARRIS@TN.GOV, DEHAIDL ON 01/17/2024

Translation: NA
ACCENT #:0025373065 EBMS: 225373065
DATE: 11/20/2023

Hubbard, Trista FS 2403364914

Appellant's Statement: my request to be excused from looking for work due to medical issues. i have had 3 surgeries and 1 pending before i will be able to work. please let me know what else may be needed for this.
Notice: MEU denial notice sent 9/28/23; AE01-T1 termination notice sent 11/3/23 with reason code 870 and 043
COB: No - MEU denial; no filed within 10 days of the termination notice
Case Synopsis: Ms. Hubbard disputes the denial of the incapacity exemption. The MEU was denied due to the HIPPA forms being refused as illegible and the incorrect last name appearing on the documentation. She was told to contact her provider and sign new HIPPA forms. She states that she is unable to work and has had three surgical procedures and one pending. Her spouse was also non compliant with the work requirement as she did not complete job search. The appeal is being sent to case prep to be scheduled for hearing as there is no resolution that can be offered at this time.

CASE NOTE CREATED BY MARY, WALLACE, MARY.A.WALLACE@TN.GOV, DEC47GU ON 01/25/2024
received email that cust wanted ec to call. attempted call at 4:21pm. No answer.

CASE NOTE CREATED BY MARY, WALLACE, MARY.A.WALLACE@TN.GOV, DEC47GU ON 01/25/2024
Verifs 1/4/24:
Us bk stmt ch 7127 $366.16-Beielle & Shavonne
Screen shot of chime credit builder card. $.70 & ch $0.11
Kub bill for cust @ address $403.60
Hallsdale powell ws cust @ address $440.03
MO stmt
Screen shot of cricket ph bill $46
Snap denied:

**no proof of cashapp found. showing on bs 1/4/24:

usbank

B[redacted] HU[redacted] MINOR
SHAVONNE HUBBARD CUSTODIAN
TRISTA HUBBARD
6415 BOB VARNER RD
KNOXVILLE TN 37918-5902

Uni-Statement
Account Number: [redacted]7127
Statement Period:
Nov 16, 2023
through
Dec 15, 2023
Page 2 of 7

U.S. BANK SMARTLY CHECKING

Member FDIC

U.S. Bank National Association

Account Number [redacted]7127

Account Summary

Beginning Balance on Nov 16	$	117.77	Number of Days in Statement Period	30
Deposits / Credits		4,318.69		
Card Withdrawals		3,054.96-		
Other Withdrawals		1,015.34-		
Ending Balance on Dec 15, 2023	**$**	**366.16**		

Deposits / Credits

Date	*Description of Transaction*		*Ref Number*		*Amount*
Nov 16	Mobile Banking Transfer	From Account [redacted]111		$	15.00
Nov 16	Mobile Banking Transfer	From Account [redacted]111			45.00
Nov 16	Mobile Banking Transfer	From Account [redacted]103			150.00
Nov 17	Mobile Banking Transfer	From Account [redacted]103			30.00
Nov 20	Mobile Banking Transfer	From Account [redacted]103			10.00
Nov 20	Mobile Banking Transfer	From Account [redacted]111			10.00
Nov 20	Visa Direct	CASH APP*DREAD*C	8011171827		35.37
Nov 20	Mobile Banking Transfer	From Account [redacted]103			100.00
Nov 21	Overdraft Paid Fee	Waived	8511200854		36.00
Nov 21	Mobile Banking Transfer	From Account [redacted]588			60.00
Nov 22	Electronic Deposit REF=233260118655980N00SD	From Amazon.com Servi ACCTVERIFY2A109383K9			0.01
Nov 22	Mobile Banking Transfer	From Account [redacted]103			50.00
Nov 22	Mobile Banking Transfer	From Account [redacted]103			100.00
Nov 24	Mobile Banking Transfer	From Account [redacted]103			20.00
Nov 24	Mobile Banking Transfer	From Account [redacted]103			20.00
Nov 27	Mobile Banking Transfer	From Account [redacted]111			5.00
Nov 27	Visa Direct	CASH APP*DREAD*C	6311241750		25.54
Nov 28	Mobile Banking Transfer	From Account [redacted]588			40.01
Nov 29	Mobile Banking Transfer	From Account [redacted]111			35.00
Nov 29	Mobile Banking Transfer	From Account [redacted]103			300.00

Tennessee Department of Human Services
FAMILY ASSISTANCE APPLICATIONS

We will take your application with only your name, address, and signature. But the more you tell us, the faster we can see if you can get help. If you are approved, your benefits may start from the date we receive your application. In most cases you will need to talk with a TDHS worker to complete the application process.

You may be able to get SNAP in 7 days if:

1. Your household's monthly income is less than $150, and you now have resources of $100 or less.
2. Your shelter cost (plus utilities) is higher than your monthly income plus savings.
3. You do seasonal farm or migrant work.

If you have a disability that makes it hard for you to fill out or understand this application, we can help. We can call or visit you if you cannot come to our office. Clients may submit an application for benefits and certification materials applying online at https://onedhs.tn.gov, to their county office by mail, hand-delivery, or you may fax your application to your local county office.

Your application tracking number is **T34358533**. You will need this number if you want information about the status of your application.

Sign and Submit:

Date: 11/13/2023 12:33:19

Head of Household

TRISTA HUBBARD | Age: 40			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes

Where You live		**Mailing Address**	
6415 Bob Varner Rd Knoxville, Tennessee 37918-5902, County - Knox		6415 Bob Varner Rd Knoxville, Tennessee 37918-5902, County - Knox	
Home Phone	**Cell Phone**	**Work Phone**	**Email Id**
N/A	865-936-4302	N/A	trista_mcc1@hotmail.com

Relationship to Head of Household	Self
Relationship to k[redacted] h[redacted]	is the mother of
Relationship to R[redacted] H[redacted]	is the mother of
Relationship to Shavonne Hubbard	is the wife of
Relationship to Br[redacted] Pl[redacted]-H[redacted]	is the stepmother of
Relationship to x[redacted] h[redacted]	is the mother of
Relationship to x[redacted] h[redacted]-f[redacted]	is the stepmother of

Cash Resource Information

Does anyone in the household have cash? No
How much cash does this person have?
N/A

Checking and Saving Account Resource Information

Does anyone in the household have a checking or savings account? No	
Type of Account	**Total Balance**
N/A	N/A

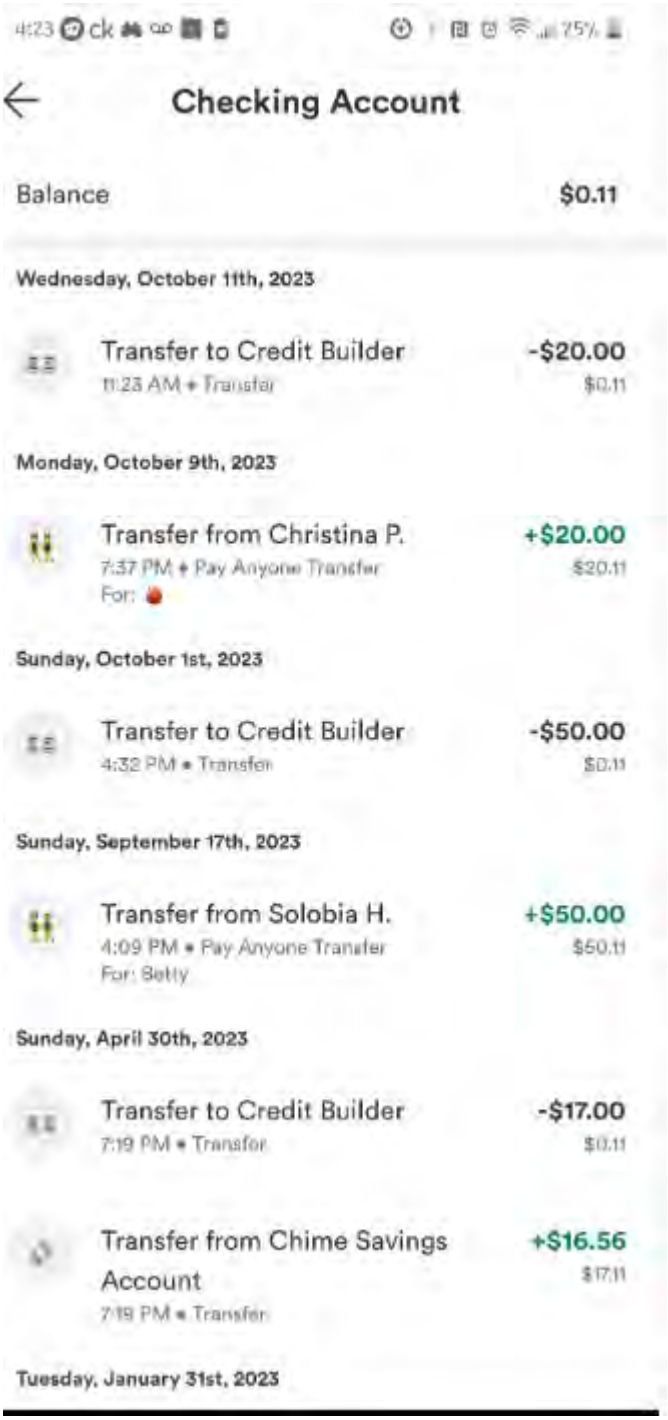
Hubbard, Trista FS 2403364914

Search Documents

Client Name	Case/App#	Appeal#	Document Type	Client ID	Received Date	DOB	SSN	Task Status	View	View
TRISTA HUBBARD	T34358533		Customer Portal - Initial Application		11/13/2023	[redacted]1983	[redacted]	Complete		
TRISTA HUBBARD	T34358533		Verification		01/04/2024			Complete		
TRISTA HUBBARD	T34358533		Verification		01/04/2024			Complete		
TRISTA HUBBARD	T34358533		Verification		01/04/2024			Complete		
TRISTA HUBBARD	T34358533		Verification		01/04/2024			Complete		
TRISTA HUBBARD	T34358533		Verification		01/04/2024			Complete		
TRISTA HUBBARD	T34358533		Verification		01/04/2024			Complete		
TRISTA HUBBARD	T34358533		Verification		01/04/2024			Complete		
TRISTA HUBBARD	T34358533		Verification		01/04/2024			Complete		
TRISTA HUBBARD	T34358533		Verification		01/04/2024			Complete		
TRISTA HUBBARD	T34358533		Verification		01/04/2024			Complete		
TRISTA HUBBARD	T34358533		Verification		01/04/2024			Complete		
TRISTA HUBBARD	T34358533		Verification		01/04/2024			Complete		
TRISTA HUBBARD	T34358533		Verification		01/04/2024			Complete		
TRISTA HUBBARD	T34358533		Verification		01/04/2024			Complete		
TRISTA HUBBARD	T34358533		Verification		01/04/2024			Complete		
TRISTA HUBBARD	T34358533		Verification		01/04/2024			Complete		
TRISTA HUBBARD	T34358533		Verification		01/04/2024			Complete		
Shavonne Hubbard	T34358533		Verification		12/18/2023			Complete		
Shavonne Hubbard	T34358533		Verification		12/18/2023			Complete		

Hubbard, Trista FS 2403364914

TRISTA HUBBARD	T34358533		Verification		01/04/2024			Complete		



4:23 ck 75%

Checking Account

Balance $0.11

Wednesday, October 11th, 2023

Transfer to Credit Builder -$20.00
11:23 AM • Transfer $0.11

Monday, October 9th, 2023

Transfer from Christina P. +$20.00
7:37 PM • Pay Anyone Transfer $20.11
For:

Sunday, October 1st, 2023

Transfer to Credit Builder -$50.00
4:32 PM • Transfer $0.11

Sunday, September 17th, 2023

Transfer from Solobia H. +$50.00
4:09 PM • Pay Anyone Transfer $50.11
For: Betty

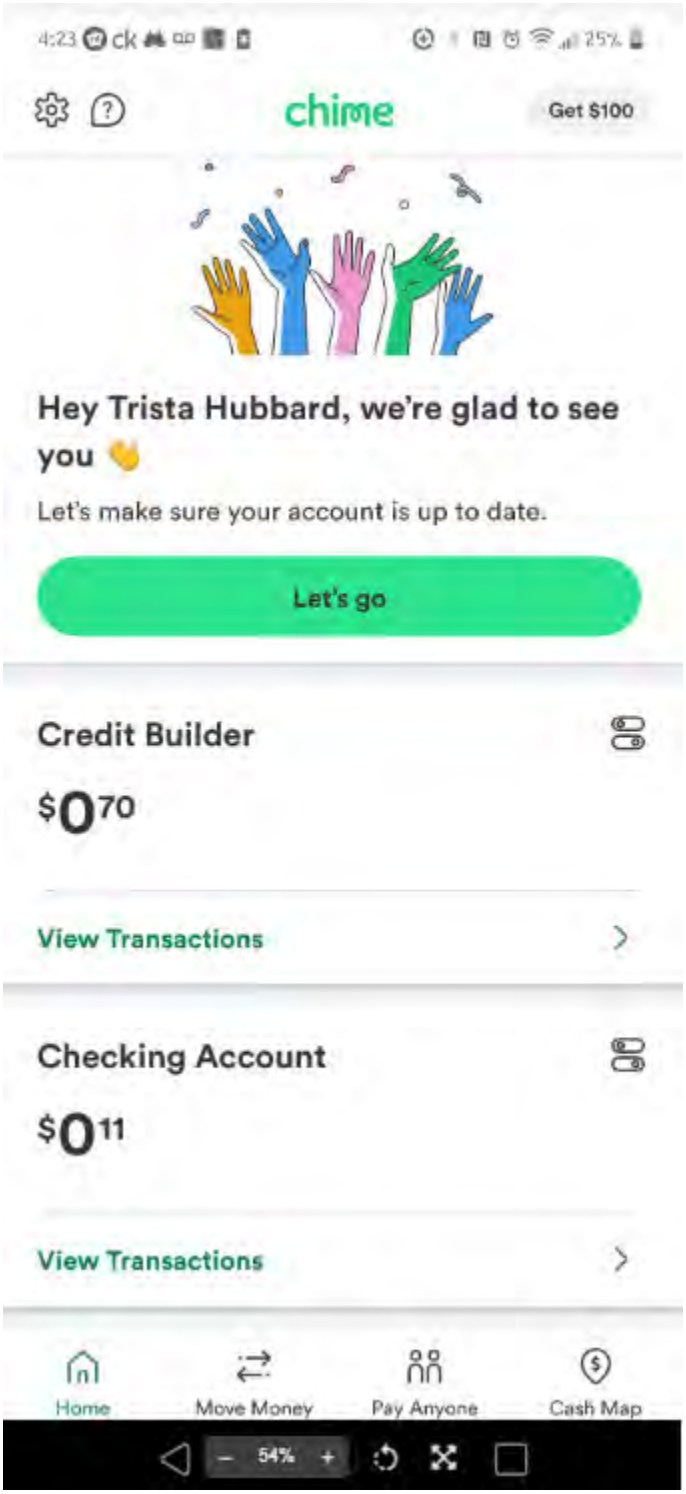
Sunday, April 30th, 2023

Transfer to Credit Builder -$17.00
7:19 PM • Transfer $0.11

Transfer from Chime Savings Account +$16.56
7:19 PM • Transfer $17.11

Tuesday, January 31st, 2023

Hubbard, Trista FS 2403364914



usbank

[redacted]
SHAVONNE HUBBARD CUSTODIAN
TRISTA HUBBARD
6415 BOB VARNER RD
KNOXVILLE TN 37918-5902

Uni-Statement
Account Number: [redacted]127
Statement Period:
Nov 16, 2023
through
Dec 15, 2023

U.S. BANK SMARTLY CHECKING

Member FDIC

U.S. Bank National Association

Account Number [redacted]7127

Account Summary

Beginning Balance on Nov 16	$ 117.77	Number of Days in Statement Period	30
Deposits / Credits	4,318.69		
Card Withdrawals	3,054.96-		
Other Withdrawals	1,015.34-		
Ending Balance on Dec 15, 2023	**$ 366.16**		

Deposits / Credits

Date	Description of Transaction		Ref Number		Amount
Nov 16	Mobile Banking Transfer	From Accoun[redacted]111		$	15.00
Nov 16	Mobile Banking Transfer	From Accoun[redacted]111			45.00
Nov 16	Mobile Banking Transfer	From Accoun[redacted]103			150.00
Nov 17	Mobile Banking Transfer	From Accoun[redacted]103			30.00
Nov 20	Mobile Banking Transfer	From Accoun[redacted]103			10.00
Nov 20	Mobile Banking Transfer	From Accoun[redacted]111			10.00
Nov 20	Visa Direct	CASH APP*DREAD*C	8011171827		35.37
Nov 20	Mobile Banking Transfer	From Account[redacted]03			100.00
Nov 21	Overdraft Paid Fee	Waived	8511200854		36.00
Nov 21	Mobile Banking Transfer	From Account[redacted]588			60.00
Nov 22	Electronic Deposit REF=233260118655980N00SD	From Amazon.com Servi ACCTVERIFY2A109383K9			0.01
Nov 22	Mobile Banking Transfer	From Account[redacted]103			50.00
Nov 22	Mobile Banking Transfer	From Account[redacted]103			100.00
Nov 24	Mobile Banking Transfer	From Account[redacted]103			20.00
Nov 24	Mobile Banking Transfer	From Account[redacted]103			20.00
Nov 27	Mobile Banking Transfer	From Account[redacted]111			5.00
Nov 27	Visa Direct	CASH APP*DREAD*C	6311241750		25.54
Nov 28	Mobile Banking Transfer	From Account[redacted]588			40.01
Nov 29	Mobile Banking Transfer	From Account[redacted]111			35.00
Nov 29	Mobile Banking Transfer	From Account[redacted]103			300.00
Nov 30	Mobile Banking Transfer	From Account[redacted]111			10.00
Dec 1	Electronic Deposit REF=233330076454070N00	From AMAZON.COM SVCS DIRECT DEP9111111103			207.75
Dec 1	Federal Benefit Deposit REF=233320095204810N00	From SSA TREAS 310 XXSOC SEC 9031736039 9575C1 S			280.00
Dec 1	Federal Benefit Deposit REF=233320095204830N00	From SSA TREAS 310 XXSOC SEC 9031736039 9575C2 S			280.00
Dec 1	Federal Benefit Deposit REF=233320095204850N00	From SSA TREAS 310 XXSOC SEC 9031736039 9575C3 S			280.00
Dec 4	Mobile Banking Transfer	From Accoun[redacted]6111			50.00
Dec 4	Debit Purchase Ret - VISA WM SUPERCENTER #	On 120223 KNOXVILLE TN REF # 74445003337400267072 US1	7400267072		218.49
Dec 7	Electronic Deposit REF=233410095675940N00SD	From Amazon.com Servi ACCTVERIFY9000503675			0.01
Dec 8	Electronic Deposit REF=233400102527020N00	From AMAZON.COM SVCS DIRECT DEP9111111103			37.41
Dec 8	Mobile Banking Transfer	From Account 251205831588			70.00
Dec 11	Debit Purchase Ret - VISA TARGET 00	On 120823 MARYVILLE TN REF # 74164073342091012335 US1	2091012335		5.68
Dec 11	Debit Purchase Return 025472	ROSS STORES #111 ALCOA TN On 121123 MAESTERM REF 025472			21.95
Dec 11	Mobile Banking Transfer	From Account 151211666103			50.00
Dec 11	Real Time Payment Credit On 12/09/23	From VENMO 021000021P1BRJPM00000043366			294.75
Dec 12	Returned Withdrawal	Electronic			233.67
Dec 13	Mobile Banking Transfer	From Account[redacted]111			100.00
Dec 13	Mobile Banking Transfer	From Account[redacted]103			400.00
Dec 15	Mobile Banking Transfer	From Account[redacted]588			50.01
Dec 15	Mobile Banking Transfer	From Account[redacted]103			220.00

usbank

[redacted]
SHAVONNE HUBBARD CUSTODIAN
TRISTA HUBBARD
6415 BOB VARNER RD
KNOXVILLE TN 37918-5902

Uni-Statement
Account Number: [redacted]7127
Statement Period:
Nov 16, 2023
through
Dec 15, 2023

U.S. BANK SMARTLY CHECKING (CONTINUED)

U.S. Bank National Association
Account Number [redacted]7127

Deposits / Credits (continued)

Date	Description of Transaction		Ref Number		Amount
Dec 15	Electronic Deposit REF=233470097570570N00	From AMAZON.COM SVCS DIRECT DEP9111111103			422.04
		Total Deposits / Credits		**$**	**4,318.69**

Card Withdrawals

Date	Description of Transaction		Ref Number		Amount
Dec 15	Fee	ATM Withdrawal At Other Network	1500003129	$	2.50-
Card Number: xxxx-xxxx-xxxx-6146					
Date	Description of Transaction		Ref Number		Amount
Nov 20	Recurring Debit Purchase GOOGLE *TTT TEAM	On 111723 855-836-3987 CA REF # 24692163322107432433 US1	2107432433	$	2.11-
Dec 4	Recurring Debit Purchase GOOGLE *WM Max L	On 120123 855-836-3987 CA REF # 24692163335109439579 US1	5109439579		16.99-
Dec 4	Recurring Debit Purchase The Roku Channel	On 120123 816-2728107 DE REF # 24204293335001244991 US1	5001244991		26.24-
Dec 5	Recurring Debit Purchase Roku for Peacock	On 120423 816-2728107 DE REF # 24204293338001526130 US1	8001526130		6.56-
Dec 15	Recurring Debit Purchase HEARST MEMBERSHI	On 121423 800-554-5000 NC REF # 24493983348083007555 US1	8083007555		35.71-
		Card 6146 Withdrawals Subtotal		**$**	**87.61-**
Card Number: xxxx-xxxx-xxxx-1320					
Date	Description of Transaction		Ref Number		Amount
Dec 4	Recurring Debit Purchase CANVA* I03987-49	On 120223 HTTPSCANVA.C DE REF # 24011343336000065467 US1	6000065467	$	14.99-
Dec 4	Debit Purchase - VISA IONOS Inc.	On 120323 877-4612631 PA REF # 24906413337188600853979	7188600853		30.93-
Dec 4	Recurring Debit Purchase YMCA OF EAST TEN	On 120123 865-525-9622 TN REF # 24055223335083019700 US1	5083019700		34.00-
		Card 1320 Withdrawals Subtotal		**$**	**79.92-**
Card Number: xxxx-xxxx-xxxx-1413					
Date	Description of Transaction		Ref Number		Amount
Nov 16	Debit Purchase - VISA LITTLE CAESAR'S	On 111423 KNOXVILLE TN REF # 24445003319500399630096	9500399630	$	1.09-
Nov 16	Debit Purchase - VISA DOLLAR TREE	On 111523 KNOXVILLE TN REF # 24445003320000840762231	0000840762		4.10-
Nov 16	Debit Purchase - VISA BURGER KING #242	On 111423 KNOXVILLE TN REF # 24186163319091179000291	9091179000		6.87-
Nov 16	Debit Purchase - VISA MONKEY VAPORS MA	On 111523 KNOXVILLE TN REF # 24037243319900014100101	9900014100		10.93-
Nov 16	Debit Purchase - VISA Little Caesars 3	On 111423 865-922-8999 TN REF # 24445003319200179660500	9200179660		16.92-
Nov 16	Debit Purchase - VISA DOLLAR TREE	On 111523 KNOXVILLE TN REF # 24445003320000840762314	0000840762		19.12-
Nov 16	Debit Purchase 025881	KROGER # KNOXVILLE TN On 111623 MAESTERM REF 025881			24.22-
Nov 16	Debit Purchase - VISA ZAP*ZAPPOS.COM	On 111423 800-927-7671 NV REF # 24692163319105542172814	9105542172		37.09-
Nov 17	Debit Purchase - VISA DOLLAR TREE	On 111623 KNOXVILLE TN REF # 24445003321000912327102	1000912327		9.49-
Nov 17	Debit Purchase - VISA ARBYS 8169	On 111523 KNOXVILLE TN REF # 24055243320970421335909	0970421335		11.68-
Nov 17	Debit Purchase 759023	MACS PHARMACY IN KNOXVILLE TN On 111723 ILK1TERM REF 332132759023	2311170857		29.87-
Nov 17	Debit Purchase - VISA BIG D FOOD STORE	On 111623 KNOXVILLE TN REF # 24765013321400840000337	1400840000		38.24-

SHAVONNE HUBBARD CUSTODIAN
TRISTA HUBBARD
6415 BOB VARNER RD
KNOXVILLE TN 37918-5902

Uni-Statement
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Nov 16, 2023
through
Dec 15, 2023

U.S. BANK SMARTLY CHECKING (CONTINUED)

U.S. Bank National Association
Account Number [redacted]7127

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-1413

Date	Description of Transaction		Ref Number	Amount
Nov 17	Debit Purchase - VISA CRICKET WIRELESS	On 111623 855-246-2461 FL REF # 24692163320106429371781	0106429371	134.00-
Nov 20	Debit Purchase - VISA SHELL OIL 575429	On 111623 KNOXVILLE TN REF # 24316053321548253817272	1548253817	4.35-
Nov 20	Debit Purchase 100585	Broadway Conveni Knoxville TN On 112023 ILNKILNK REF 332401100585	8511200854	5.01-
Nov 20	Debit Purchase 100375	Broadway Conveni Knoxville TN On 111823 ILK1TERM REF 332201100375	7511180856	5.11-
Nov 20	Debit Purchase - VISA BOJANGLES 1213	On 111723 KNOXVILLE TN REF # 24055233322400200001281	2400200001	5.34-
Nov 20	Debit Purchase 298413	EZ STOP #17 MARYVILLE TN On 112023 MAESTERM REF 298413		6.94-
Nov 20	Debit Purchase - VISA Blink	On 111923 amzn.com/bil WA REF # 24692163323108975728403	3108975728	10.93-
Nov 20	Debit Purchase 874509	SHELL SERVICE ST KNOXVILLE TN On 111923 ILNKILNK REF 332317874509	0911191630	31.52-
Nov 20	Debit Purchase - VISA SQ *SKATETOWN	On 111723 Knoxville TN REF # 24692163322107436594850	2107436594	34.00-
Nov 20	Debit Purchase 051724	WAL-MART #1318 KNOXVILLE TN On 111923 MAESTERM REF 051724		66.07-
Nov 21	Debit Purchase 004916	Wal-Mart Super C KNOXVILLE TN On 112123 MAESTERM REF 004916		37.95-
Nov 22	Debit Purchase - VISA KPV ENTERPRISES	On 112123 MARYVILLE TN REF # 24055233326400697017739	6400697017	1.50-
Nov 22	Debit Purchase 726783	DOLLAR TR 7120 M KNOXVILLE TN On 112223 MAESTERM REF 726783		7.92-
Nov 22	Debit Purchase 860643	WM SUPERC Wal-Ma KNOXVILLE TN On 112223 MAESTERM REF 860643		45.14-
Nov 24	Debit Purchase 338824	CASEYS #4039 690 KNOXVILLE TN On 112423 ILNKILNK REF 332815338824	2411240943	3.91-
Nov 24	Debit Purchase - VISA EXXON EZ STOP #1	On 112323 MARYVILLE TN REF # 24003223328752003653694	8752003653	13.17-
Nov 24	Debit Purchase 029848	Wal-Mart Super C KNOXVILLE TN On 112423 MAESTERM REF 029848		13.73-
Nov 24	Debit Purchase - VISA LITTLE JOHNS PAC	On 112223 KNOXVILLE TN REF # 24755423327123279776360	7123279776	28.38-
Nov 24	Debit Purchase - VISA DOLLARTREE	On 112223 KNOXVILLE TN REF # 24445003327001038493608	7001038493	34.14-
Nov 24	Debit Purchase - VISA CASEYS #4039	On 112223 KNOXVILLE TN REF # 24445003327300462193712	7300462193	40.61-
Nov 27	Debit Purchase - VISA DOLLAR TREE	On 112423 KNOXVILLE TN REF # 24445003329001025992065	9001025992	4.92-
Nov 27	Debit Purchase - VISA DOLLAR TREE	On 112423 KNOXVILLE TN REF # 24445003329001025991984	9001025991	11.40-
Nov 27	Debit Purchase - VISA DOLLAR TREE	On 112423 KNOXVILLE TN REF # 24445003329001025992149	9001025992	13.59-
Nov 27	Debit Purchase 659807	REGAL TRADERS KNOXVILLE TN On 112423 MAESTERM REF 659807		18.56-
Nov 29	Debit Purchase 526042	KROGER # KNOXVILLE TN On 112923 MAESTERM REF 526042		118.38-
Nov 30	Debit Purchase - VISA SHELL OIL 575429	On 112823 KNOXVILLE TN REF # 24316053333548199809868	3548199809	10.17-
Nov 30	Debit Purchase 357361	CASEYS #4039 690 KNOXVILLE TN On 113023 ILNKILNK REF 333414357361	6111300842	12.56-
Nov 30	Debit Purchase 433022	USPS PO 47462709 KNOXVILLE TN On 113023 ILNKILNK REF 333414433022	2211300859	22.00-

B[redacted] H[redacted] M[redacted]
SHAVONNE HUBBARD CUSTODIAN
TRISTA HUBBARD
6415 BOB VARNER RD
KNOXVILLE TN 37918-5902

Uni-Statement
Account Number:
[redacted]7127
Statement Period:
Nov 16, 2023
through
Dec 15, 2023

U.S. BANK SMARTLY CHECKING (CONTINUED)

U.S. Bank National Association
Account Number: [redacted]7127

Card Withdrawals (continued)
Card Number: xxxx-xxxx-xxxx-1413

Date	*Description of Transaction*		*Ref Number*	*Amount*
Nov 30	Debit Purchase - VISA BIG D FOOD STORE	On 112923 KNOXVILLE TN REF # 24765013334400845000220	4400845000	41.50-
Dec 1	Debit Purchase 153811	WEIGELS 31 Q88 KNOXVILLE TN On 120123 MAESTERM REF 153811		15.32-
Dec 1	Debit Purchase - VISA SONIC DRIVE IN #	On 113023 KNOXVILLE TN REF # 24427333334740277202444	4740277202	21.25-
Dec 1	Debit Purchase 401934	GOODSTOP #4213 2 KNOXVILLE TN On 120123 ILK1TERM REF 333519401934 You Requested $20 In Cash Back	3412011358	29.14-
Dec 1	Debit Purchase - VISA HEMPFLOWERS	On 112923 503-5493999 OR REF # 24943063334900011163918	4900011163	39.16-
Dec 4	Debit Purchase 343756	BP#1265000KENJO MARYVILLE TN On 120423 MAESTERM REF 343756		3.71-
Dec 4	Debit Purchase 102007	Broadway Conveni Knoxville TN On 120323 ILNKILNK REF 333701102007	0712031349	5.00-
Dec 4	Debit Purchase 265845	WEIGELS 78 Q88 MARYVILLE TN On 120323 MAESTERM REF 265845		7.28-
Dec 4	Debit Purchase 213936	WAL-MART #1318 KNOXVILLE TN On 120223 MAESTERM REF 213936		10.80-
Dec 4	Debit Purchase - VISA Amazon Music*OA9	On 120223 888-802-3080 WA REF # 24692163336100109515215	6100109515	10.94-
Dec 4	Debit Purchase 480818	WEIGELS 78 Q88 MARYVILLE TN On 120323 MAESTERM REF 480818		12.60-
Dec 4	Debit Purchase - VISA BOJANGLES 894	On 120123 KNOXVILLE TN REF # 24943003336838008839336	6838008839	22.25-
Dec 4	Debit Purchase 739730	DOLLAR GENERAL # MARYVILLE TN On 120323 ILNKILNK REF 333802739730	3012032025	26.34-
Dec 4	Debit Purchase - VISA DOLLARTREE	On 120323 KNOXVILLE TN REF # 24445003338000817964687	8000817964	38.17-
Dec 4	Debit Purchase - VISA CASEYS #4039	On 113023 KNOXVILLE TN REF # 24445003335300648903927	5300648903	44.00-
Dec 4	Debit Purchase 421073	WAL-MART #0672 ALCOA TN On 120323 MAESTERM REF 421073		51.77-
Dec 4	Debit Purchase - VISA DOLLAR TREE	On 120323 KNOXVILLE TN REF # 24445003338000817964505	8000817964	60.09-
Dec 4	Debit Purchase 317994	KROGER #0 234 E. POWELL TN On 120223 MAESTERM REF 317994		85.01-
Dec 4	Cash Advance TNCONNECT CREDIT	On 120123 KNOXVILLE TN REF # 74306333337030082026 US1	7030082026	134.00-
Dec 4	Debit Purchase 809230	Wal-Mart Super C KNOXVILLE TN On 120123 MAESTERM REF 809230		234.58-
Dec 5	Debit Purchase - VISA BOJANGLES 974	On 120323 ALCOA TN REF # 24943003338838002060093	8838002060	15.12-
Dec 5	Debit Purchase - VISA TARGET 00	On 120323 MARYVILLE TN REF # 24164073338091016212665	8091016212	30.73-
Dec 6	Debit Purchase - VISA HARDEES 1506642	On 120423 MARYVILLE TN REF # 24755423339163399831402	9163399831	14.02-
Dec 7	Debit Purchase 826061	DOLLAR TR 4409 C KNOXVILLE TN On 120723 MAESTERM REF 826061		31.34-
Dec 8	Debit Purchase 434152	DOLLAR-GENERAL # MARYVILLE TN On 120823 ILNKILNK REF 334213434152	5212080755	1.87-
Dec 8	Debit Purchase - VISA SHELL OIL 575429	On 120623 KNOXVILLE TN REF # 24316053341548790853182	1548790853	16.39-
Dec 8	Debit Purchase 792206	WEIGELS 31 Q88 KNOXVILLE TN On 120723 MAESTERM REF 792206		17.22-

B[redacted] H[redacted] [redacted]
SHAVONNE HUBBARD CUSTODIAN
TRISTA HUBBARD
6415 BOB VARNER RD
KNOXVILLE TN 37918-5902

Uni-Statement
Account Number: [redacted]7127
Statement Period:
Nov 16, 2023
through
Dec 15, 2023

U.S. BANK SMARTLY CHECKING (CONTINUED)

U.S. Bank National Association
Account Number [redacted]7127

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-1413

Date	*Description of Transaction*		*Ref Number*	*Amount*
Dec 8	Debit Purchase 478558	SHELL SERVICE ST LENOIR CITY TN On 120723 ILK1TERM REF 334120478558	5812071917	41.02-
Dec 11	Debit Purchase - VISA WALGREENS #5394	On 120923 KNOXVILLE TN REF # 24445003344000936377672	4000936377	1.50-
Dec 11	Debit Purchase 798061	EZ STOP #17 MARYVILLE TN On 121023 MAESTERM REF 798061		14.65-
Dec 11	Debit Purchase - VISA DOLLAR TREE	On 120923 KNOXVILLE TN REF # 24445003344000936377599	4000936377	15.02-
Dec 11	Debit Purchase - VISA HARDEES 1506642	On 120823 MARYVILLE TN REF # 24755423343173437398680	3173437398	15.76-
Dec 11	Debit Purchase 014125	CASEYS #4039 690 KNOXVILLE TN On 120923 ILK1TERM REF 334322014125	2512091610	15.79-
Dec 11	Debit Purchase - VISA KARM STORES FARR	On 120823 KNOXVILLE TN REF # 24247603343500851110089	3500851110	16.35-
Dec 11	Debit Purchase - VISA Amazon Prime*082	On 120823 Amzn.com/bil WA REF # 24692163343106019487511	3106019487	16.41-
Dec 11	Debit Purchase - VISA DOLLAR TREE	On 120923 KNOXVILLE TN REF # 24445003344000936377425	4000936377	17.75-
Dec 11	Debit Purchase - VISA TARGET 00	On 120823 MARYVILLE TN REF # 24164073342091016225133	2091016225	18.01-
Dec 11	Debit Purchase - VISA HARDEES 1505993	On 120823 KNOXVILLE TN REF # 24755423343173438777924	3173438777	19.52-
Dec 11	Debit Purchase - VISA GOODWILL NORTH B	On 120923 KNOXVILLE TN REF # 24934873344030023097820	4030023097	19.65-
Dec 11	Debit Purchase - VISA ARBYS 1498	On 120923 KNOXVILLE TN REF # 24055243344796925305011	4796925305	22.92-
Dec 11	Debit Purchase - VISA KARM STORES MARY	On 120823 MARYVILLE TN REF # 24247603343500851109842	3500851109	28.00-
Dec 11	Debit Purchase 258504	WM SUPERC Wal-Ma ALCOA TN On 121023 MAESTERM REF 258504 You Requested $20 In Cash Back		32.73-
Dec 11	Debit Purchase 043394	ROSS STORES #111 ALCOA TN On 121023 MAESTERM REF 043394		35.10-
Dec 11	Debit Purchase - VISA BIG D FOOD STORE	On 121023 KNOXVILLE TN REF # 24765013345400846000192	5400846000	38.24-
Dec 11	Debit Purchase - VISA KARM STORES CHAP	On 120723 KNOXVILLE TN REF # 24247603342500669304180	2500669304	41.38-
Dec 11	Debit Purchase 036049	ROSS STORES #111 ALCOA TN On 121023 MAESTERM REF 036049		43.89-
Dec 11	Debit Purchase - VISA KARM STORES MARY	On 120823 MARYVILLE TN REF # 24247603343500851109925	3500851109	55.00-
Dec 11	Debit Purchase - VISA KARM STORES HALL	On 120723 KNOXVILLE TN REF # 24247603342500669304263	2500669304	58.00-
Dec 12	Debit Purchase - VISA BP#1265000KENJO	On 121123 MARYVILLE TN REF # 24122543346744000111441	6744000111	2.07-
Dec 12	Debit Purchase - VISA FOOD CITY #687	On 121023 KNOXVILLE TN REF # 24427333345710006389256	5710006389	22.92-
Dec 14	Debit Purchase 213095	WEIGELS 78 Q88 MARYVILLE TN On 121423 MAESTERM REF 213095		7.01-
Dec 14	Debit Purchase 421954	DOLLAR-GENERAL # MARYVILLE TN On 121423 ILK1TERM REF 334815421954	5412140950	8.23-
Dec 14	Debit Purchase 418960	WEIGELS 78 Q88 MARYVILLE TN On 121423 MAESTERM REF 418960		8.68-
Dec 14	Debit Purchase - VISA DOLLARTREE	On 121323 KNOXVILLE TN REF # 24445003348001011780109	8001011780	10.89-

usbank

[redacted]
SHAVONNE HUBBARD CUSTODIAN
TRISTA HUBBARD
6415 BOB VARNER RD
KNOXVILLE TN 37918-5902

Uni-Statement
Account Number: [redacted]7127
Statement Period:
Nov 16, 2023
through
Dec 15, 2023

U.S. BANK SMARTLY CHECKING (CONTINUED)

U.S. Bank National Association
Account Number [redacted]7127

Card Withdrawals (continued)

Card Number: xxxx-xxxx-xxxx-1413

Date	Description of Transaction		Ref Number	Amount
Dec 15	Debit Purchase - VISA DOLLAR TREE	On 121423 ALCOA TN REF # 24445003349001033941449	9001033941	1.37-
Dec 15	Debit Purchase 307210	WEIGELS 78 Q88 MARYVILLE TN On 121523 MAESTERM REF 307210		8.48-
Dec 15	Debit Purchase 473966	EZ STOP #29 MARYVILLE TN On 121523 MAESTERM REF 473966		8.76-
Dec 15	ATM Withdrawal	6802 CENTRAL AVE KNOXVILLE TN Serial No. 002161162903ACMPTERM		20.00-
Dec 15	Debit Purchase 506756	FIVE BELO 730 WA MARYVILLE TN On 121523 MAESTERM REF 506756		21.23-
Dec 15	Debit Purchase 908935	WEIGELS 78 Q88 MARYVILLE TN On 121523 MAESTERM REF 908935		45.90-
Dec 15	Debit Purchase - VISA HEARTLAND CAPITA	On 121423 270-2473199 KY REF # 24999893348900013862548	8900013862	182.18-
		Card 1413 Withdrawals Subtotal		**$ 2,884.93-**
		Total Card Withdrawals		**$ 3,054.96-**

Other Withdrawals

Date	Description of Transaction		Ref Number	Amount
Nov 21	Overdraft Paid Fee		8511200854	$ 36.00-
Dec 4	Cash Advance Fee		0400001381	2.00-
Dec 4	Electronic Withdrawal REF=233350182061690N00	To CAPITAL ONE AUTO CARPAY 9541719806		233.67-
Dec 11	Mobile Banking Transfer	To Account 151211666111		10.00-
Dec 11	Electronic Withdrawal REF=233420166138380N00	To CAPITAL ONE AUTO CARPAY 9541719806		233.67-
Dec 15	Electronic Withdrawal REF=233480117913080N00	To HALLSDALE-POWELL 1626010535 UMS BILL 000000094236		500.00-
		Total Other Withdrawals		**$ 1,015.34-**

	Total for Statement Period	Total Year to Date
Total Returned Item Fees	$ 0.00	$ 0.00
Total Overdraft Fees	$ 36.00	$ 324.00
Less: Waives	$ 36.00-	$ 324.00-
TOTAL	$ 0.00	$ 0.00

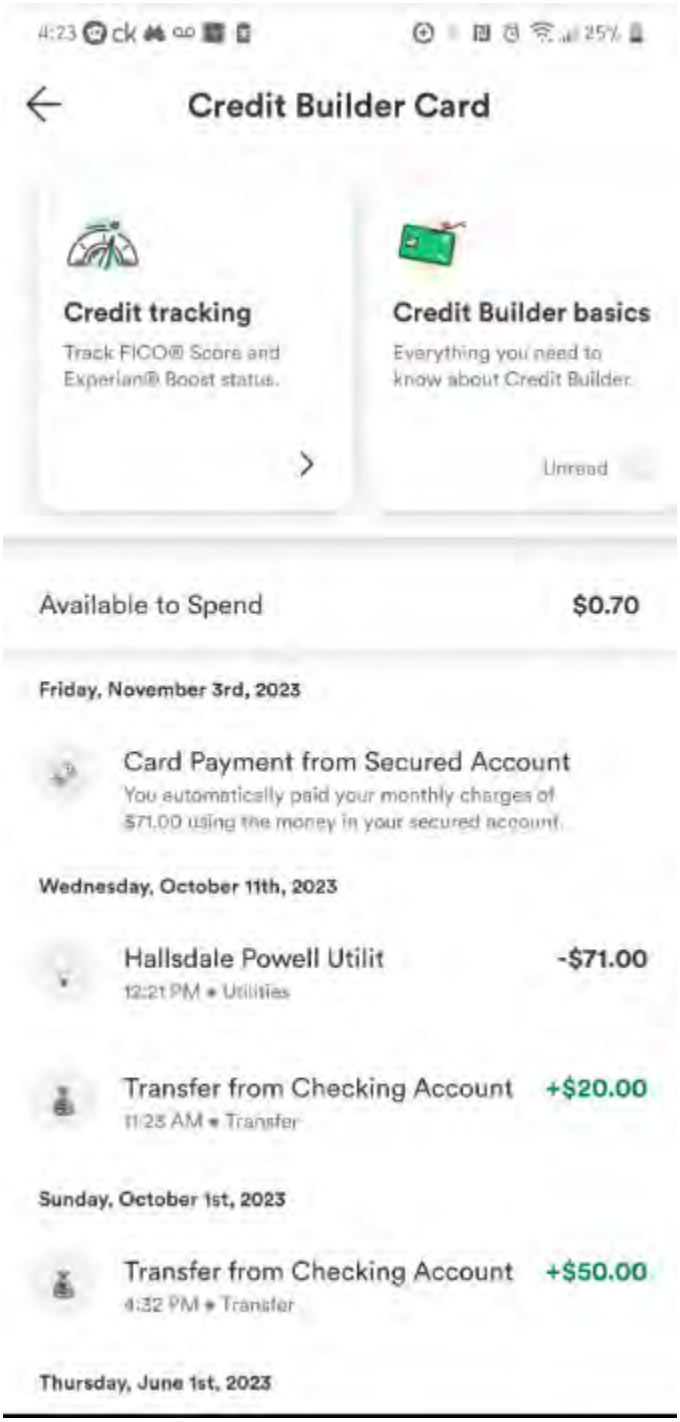
A "waive" occurs when an assessed fee is credited back automatically.

Balance Summary

Date	Ending Balance	Date	Ending Balance	Date	Ending Balance
Nov 16	207.43	Nov 28	43.78	Dec 7	192.42
Nov 17	14.15	Nov 29	260.40	Dec 8	223.33
Nov 20	1.86-	Nov 30	184.17	Dec 11	173.63-
Nov 21	20.19	Dec 1	1,127.05	Dec 12	35.05
Nov 22	115.64	Dec 4	290.18	Dec 13	535.05
Nov 24	21.70	Dec 5	237.77	Dec 14	500.24
Nov 27	3.77	Dec 6	223.75	Dec 15	366.16

Balances only appear for days reflecting change.

Hubbard, Trista FS 2403364914



Hubbard, Trista FS 2403364914

Case Number	Client Name	Benefit Type	Issuance Type	Pay Begin Date/End Date	Payment Amount	Recoup Amount	Expunged Amount	Issuance Method	Status	
225373065	HUBBARD, TRISTA	SNAP	Initial	05/07/2024 - 05/31/2024	$ 501	$ 0	$ 0	EBT	Paid	R
225373065	HUBBARD, TRISTA	Families First	Ongoing	11/01/2023 - 11/30/2023	$ 395	$ 43	$ 0	EBT	Paid	R
225373065	HUBBARD, TRISTA	SNAP	Ongoing	10/01/2023 - 10/31/2023	$ 980	$ 0	$ 0	EBT	Paid	R
225373065	HUBBARD, TRISTA	Families First	Ongoing	10/01/2023 - 10/31/2023	$ 395	$ 43	$ 0	EBT	Paid	R
225373065	HUBBARD, TRISTA	SNAP	Ongoing	09/01/2023 - 09/30/2023	$ 967	$ 0	$ 0	EBT	Paid	R
225373065	HUBBARD, TRISTA	Families First	Ongoing	09/01/2023 - 09/30/2023	$ 395	$ 43	$ 0	EBT	Paid	R
225373065	HUBBARD, TRISTA	SNAP	Ongoing	08/01/2023 - 08/31/2023	$ 1,346	$ 0	$ 0	EBT	Paid	R
225373065	HUBBARD, TRISTA	Families First	Ongoing	08/01/2023 - 08/31/2023	$ 395	$ 43	$ 0	EBT	Paid	R

Page 1 of 1 6 View 1 - 8 of 8

Tennessee Department of Human Services

Withdrawal of Appeal for Fair Hearing

DIVISION OF APPEALS AND HEARINGS

I HAVE CHANGED MY MIND AND I WANT TO WITHDRAW MY APPEAL.
I DO NOT WANT A HEARING.

If you **do not** want to proceed with your appeal, you can visit the Customer Portal https://OneDHS.tn.gov and submit your withdrawal online, or you may send us an email stating you wish to withdraw your appeal, or you may fill out, sign, and return this form, or send us a letter to the address below so it will reach the Department of Human Services at least two (2) days prior to your scheduled hearing.

Department of Human Services
Division of Appeals and Hearings
James K. Polk Building, 1st Floor
505 Deaderick Street
Nashville, Tennessee 37243
Fax: (615) 248-7013 or (866) 355-6136
Email to: AppealsClerksOffice.DHS@tn.gov

Name: TRISTA HUBBARD

Scheduled Hearing Date: 08/12/2024

Appeal Number: 2403364914

TCSES Number (If Child Support Case):

Signature: _____ Date: _____

THIS FORM SHOULD ONLY BE RETURNED TO DHS IF YOU NO LONGER WANT A HEARING. YOUR APPEAL WILL BE CLOSED UPON TIMELY RECEIPT OF THIS COMPLETED FORM BY DHS.

DIVISION OF APPEALS AND HEARINGS
JAMES K. POLK BUILDING, 1ST FLOOR
505 DEADERICK STREET
NASHVILLE, TENNESSEE 37243
TELEPHONE: 833-772-8347 OR TTY: 711
FAX: (615) 248-7013

https://www.tn.gov/humanservices

TRISTA HUBBARD
6415 BOB VARNER RD
KNOXVILLE TN 37918

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Trista Hubbard
Appeal Number: 2403364914
Customer ID: 217308531
Date: 08/20/2024

Attached is an Order issued in your appeal. If you disagree with my decision, you may file a petition and/or appeal of the decision.

LaKecha Threats
DHS Administrative Judge

HOW TO FILE A PETITION OR APPEAL OF THE ORDER

Review of Initial Order

This Initial Order shall become a Final Order (reviewable as set forth below) fifteen (15) days after the entry date of this Initial Order (Tenn. Code Ann. § 4-5-314[b]), unless either or both of the following actions are taken:

(1) A party files a petition of appeal to the Department of Human Services (the Department), in writing stating the specific reasons why the Initial Order was incorrect, within fifteen (15) days after the entry date of the Initial Order. If this action occurs, there is no Final Order until review by the Department and entry of a new Final Order or adoption and entry of the Initial Order, in whole or in part, as the Final Order. A petition of appeal to the Department must be filed within the proper time period either by email at **AppealsClerksOffice.DHS@tn.gov** or by mail with the Division of Appeals and Hearings, Department of Human Services, ATTN: Commissioner's Designee, 505 Deaderick Street, Nashville, TN 37243 or you can fax your petition to us at (615) 248-7013. See Tenn. Code Ann. § 4-5-315 and Tenn. Comp. R. & Reg. 1240-05-09.

(2) A party files a petition for reconsideration of the Initial Order to the DHS Administrative Judge, in writing stating the specific reasons why the Initial Order was incorrect, within fifteen (15) days after the entry date of the Initial Order. This petition must be filed with the DHS Administrative Judge who entered the Initial Order either by e-mail at **AppealsClerksOffice.DHS@tn.gov** or by mail with the Division of Appeals and Hearings, Department of Human Services, ATTN: DHS Administrative Judge, 505 Deaderick Street, Nashville, TN 37243 or you can fax your petition to us at (615) 248-7013. A petition for reconsideration of the Initial Order is deemed denied by law if no action is taken within twenty (20) days of filing. A new fifteen (15) day period for the filing of an appeal to the Department (as set forth in paragraph (1) above) starts to run from the entry date of an order disposing of a petition for reconsideration, or from the twentieth day after the filing date of the petition, if no order is issued. See Tenn. Code Ann. §4-5-317 and Tenn. Comp. R. & Reg. 1240-05-05-.02 & Regs. 1240-05-09 on petitions for reconsideration. If the petition for reconsideration of the Initial Order is either denied by order of the DHS Administrative Judge or deemed denied by law and a petition of appeal of the Initial Order is not timely filed, the Initial Order shall become a Final Order by operation of law fifteen (15) days after the entry date of the order denying the

petition for reconsideration or the date the petition for reconsideration was deemed denied.

Review of Final Order

Within fifteen (15) days after entry of a Final Order, a party may file a petition for reconsideration of the Final Order, in which the petitioner shall state the specific reasons why the Final Order was incorrect. A petition for reconsideration of a Final Order is not permitted when the order became a Final Order by operation of law. The petition must be filed in writing with the Division of Appeals and Hearings by e-mail at **AppealsClerksOffice.DHS@tn.gov** or by mail with the Division of Appeals and Hearings, Department of Human Services, ATTN: Commissioner's Designee, 505 Deaderick Street, Nashville, TN 37243 or you can fax your petition to us at (615) 248-7013. If no action is taken within twenty (20) days of filing of the petition of the Final Order, it is deemed denied. See Tenn. Code Ann. §4-5-317 on petitions for reconsideration.

A party may petition the Department for a stay of the Final Order within seven (7) days after the entry date of the order. See Tenn. Code Ann. §4-5-316. The petition for stay of the Final Order must be filed in writing with the Division of Appeals and Hearings by e-mail at **AppealsClerksOffice.DHS@tn.gov** or by mail at the address in section (1) above or you can fax your petition to us at (615) 248-7013.

YOU WILL NOT RECEIVE FURTHER NOTICE OF THE INITIAL ORDER BECOMING A FINAL ORDER

Further, an appellant who is aggrieved by the Final Order may petition the court for judicial review in Chancery Court of the county of residence or in Davidson County within sixty (60) days of the entry date of the Final Order. See Tenn. Code Ann. §4-5-317 and Tenn. Code Ann. §4-5-322.

CC: Brant Harell, Appellant Attorney/Advocate

Amanda M Cummins, Case Prep LA, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

Michael T Donegan, Case Prep LA, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

Adrienne Y Freeman, Program Director, 505 Deaderick St, First Floor, Nashville, DAVIDSON, TN 37243

Melanie R Foster, Program Director, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

Edward J Singley, Case Prep LA, 505 Deaderick St, First Floor, Nashville, DAVIDSON, TN 37243

SNAP Program Area

Ernie R Armstrong, Program Coordinator, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

TRISTA HUBBARD, APPELLANT

VS

TENNESSEE DEPARTMENT OF HUMAN SERVICES

ORDER

A hearing in this matter was scheduled for August 12, 2024. At the onset of the hearing, the Department of Human Services (Department) moved to have the matter remanded to the Department for review of the Appellant's, Ms. Trista Hubbard's, November 13, 2023, Supplemental Nutrition Assistance Program (SNAP) application. The Department stated that there were errors in the initial processing of the application. Parties agreed that the matter should be remanded to the Department for review of the application.

Based upon the agreement of the Parties, the case is hereby remanded to the Department for review of the Appellant's November 13, 2023, SNAP application in accordance with 7 C.F.R § 273.2. The Department must issue the Appellant a SNAP supplement for any benefits due to the household.

This Order shall constitute the Initial Order in this case.

This Order is entered and effective as of the date shown on the first page.

LaKecha L. Threats
DHS Administrative Judge

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: Trista Hubbard
Customer ID: 217308531

Appeal Number: 2403364914
Date: 09/11/2024

Redetermination OIU Letter

Dear Trista Hubbard:

Per the Administrative Judges Initial Order dated August 20, 2024, the Department stated that there were errors in the initial processing of the application. Parties agreed that the matter should be remanded to the Department for review of the application.

Based upon the agreement of the Parties, the case is hereby remanded to the Department for review of your November 13, 2023, SNAP application in accordance with 7 C.F.R 273.2. The Department must issue you a SNAP supplement for any benefits due to the household.

Your local DHS County office reviewed your application on September 6, 2024. You were issued SNAP restorations in the amount of $711.00 for November 13, 2023, through November 30, 2023, $411.00 for December 2023, $870.00 for January 2024, $812.00 for February 2024, and $576.00 for April 2024 on September 6, 2024. You were mailed notices on September 9, 2024. Your gross income of $5,782.00 is over the gross income standard of $4,921.00 for March 2024. Your appeal is closed.

Sincerely,

Mary-Glenn Hartup
Commissioner's Designee

Want to change what we decided about your Supplemental Nutrition Assistance Program (SNAP) or Families First? Here's what you can do:

You can sometimes fix the issue by calling your worker

Do you have a health or learning problem? Then tell DHS if you need special help.

1. Did you miss your appointment for your case to be reviewed by us?

Take these steps to try to keep getting help from us without a break.

- Get a new application to your DHS office right away. Will the help you get from us stop before you can meet with your worker? Then DON'T WAIT until you can meet with your worker. You can submit your application online at https://OneDHS.tn.gov or mail your application to the local county office or hand it in right away.
  You can contact your local DHS office for a new appointment OR call the Family Assistance Service Center for free at 1-866-311-4287.

2. Did you not do something you said you would do?

You may still be able to keep the help you are getting from us. You can contact your local DHS office OR call the Family Assistance Service Center for free at 1-866-311-4287. Call if:

- You are now going to do what you said, or
- You have a good reason for what you did.

Call right away. For SNAP and Families First, you have **10 days** to call.

3. Did your worker make a mistake?

Tell your worker right away. You may file an appeal to see if you can fix a mistake.
You can also meet with a supervisor about the problem. Just call or write DHS within **10 days** of the date this letter was mailed. You can speak for yourself at the meeting or bring someone to speak for you.

Can't reach your DHS worker or get a new appointment? Call 1-866-311-4287. They can help you or get your worker to call you. You can call them for free about SNAP or Families First.

We do not allow unfair treatment at DHS.

No one should be treated in a different way because of race, color, birthplace, language, sex, religion, political beliefs or disability. Do you think you've been treated unfairly? Do you have more questions? Do you need more help? You can make a free call to the Family Assistance Service Center at 1-866-311-4287.

You may file an appeal to see if you can fix a mistake

When you appeal, you're asking to tell your side to an administrative judge. It's called a fair hearing. You may ask for a fair hearing if you think we made a mistake. Before we give you a hearing, we'll check to see if we made a mistake. If we decide you're right, we'll fix the problem. What if we decide you're wrong? If you still think we made a mistake, you may still have a fair hearing.

Don't be afraid to appeal! Workers cannot get back at you for filing an appeal.

Don't miss the deadline to appeal!

Are you already getting SNAP or Families First? You may be able to keep it the same during the appeal if you appeal right away.

Don't care that the help you get is cut or stopped during your appeal? Then you can wait longer to appeal. See the **deadline** on the back of the page. You cannot ask for an appeal about the attached notice after the deadline.

Go to the next page

How to ask for an Appeal

You can appeal ONLINE and check the status of the Appeal online by visiting:
https://OneDHS.tn.gov

You can also ask for an appeal by:

- Phone: Call 1-866-311-4287. It's a free call.
- Write to:
  Department of Human Services
  Division of Appeals and Hearings
  ATTN: Clerk's Office
  1st Floor, James K. Polk Building
  505 Deaderick Street
  Nashville, Tennessee 37243-8996
- Fax: You can fax your appeal to us at (615) 248-7013 or (866) 355-6136
- Email: AppealsClerksOffice.DHS@tn.gov

What happens at the appeal hearing?

You can say why we were wrong. Or you can give the reasons for your actions. You may speak for yourself at the hearing. You may also bring a friend, relative, advocate or lawyer to speak for you. The administrative judge listens to both sides. Then the administrative judge will issue a decision regarding your benefits. For more information about your appeal please visit:
https://www.tn.gov/humanservices/division-ofappeals-and-hearings.html

Need free Legal Help?

You may be able to get free legal help from your Legal Services or Legal Aid office. They are not a part of DHS. Their phone number is at the end of each letter you get from us.

SNAP and Families First Appeal Deadlines

Do you disagree with our decision regarding your SNAP or Families First benefits? The **deadline** to appeal is **90 days**. The 90 days start from the date on this letter.

You can't appeal after the last deadline.

Do you want to keep your SNAP or Families First benefits during the appeal process if so, you must file your appeal within 10 days of the date of this letter. If you lose your Appeal, you will owe DHS for the money or SNAP you got during the appeal. If you are still receiving help from DHS after your appeal, DHS may keep a small part of your money or SNAP each month.

Note: What if your SNAP approval ends before the appeal? Then we cannot keep your SNAP going during the appeal.

Worried you will owe DHS if you keep your help the same during the appeal? DHS can cut or stop your help till the appeal is over. Just ask your worker or call the Family Assistance Service Center. If you win at the hearing, we will pay you back.

How long will it take to process my appeal ?

Your SNAP appeal can take up to 2 months. Your Families First appeal can take up to 3 months. For additional information about the appeals process please visit our website at https://www.tn.gov/humanservices/division-ofappeals-and-hearings.html

TN Department of Human Services

Tennessee Department of Human Services, Authorization No. 345612, July 2023, 1,000,000 copies. This public document was promulgated at a cost of $0.11 per copy.

P-Ex. 7

DECLARATION OF CANDICE JACQUES

Pursuant to 28 U.S.C. § 1746, Candice Jacques declares as follows:

1. I am one of the named plaintiffs in the above-referenced action.

2. I know the factual allegations made in the Complaint about me and my family.

Those allegations are truthful.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at Nashville, Tennessee on this the 5th day of December 2024

Respectfully submitted,

/s/ Candice Jacques (Dec 5, 2024 16:01 CST)

Candice Jacques

DAVIDSON CO. DEPT. OF HUMAN SERVICES
227 FRENCH LANDING DRIVE
FIRST FLOOR
NASHVILLE, TN 37228-1605

https://www.tn.gov/humanservices

CANDICE M JACQUES
1401 MOUNTAIN VALLEY BND
NASHVILLE TN 37209-5158

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Candice M Jacques
Case Number: 116090791
Customer ID: 258121241
Date: 01/02/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

Your SNAP case will be terminated on December 31, 2023 for the following reason(s):

Reason
You did not cooperate with us on the review/recertification of your eligibility

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?
Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):
You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:

- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:

- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.
You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at : https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint, and at any USDA office,or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form,call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at:http://www.fns.usda.gov/snap/contact_info/hotlines.htm

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697(TTY)

This institution is an equal opportunity provider.

Tennessee Department of Human Services
FAMILY ASSISTANCE APPLICATIONS

We will take your application with only your name, address, and signature. But the more you tell us, the faster we can see if you can get help. If you are approved, your benefits may start from the date we receive your application. In most cases you will need to talk with a TDHS worker to complete the application process.

You may be able to get SNAP in 7 days if:

1. Your household's monthly income is less than $150, and you now have resources of $100 or less.
2. Your shelter cost (plus utilities) is higher than your monthly income plus savings.
3. You do seasonal farm or migrant work.

If you have a disability that makes it hard for you to fill out or understand this application, we can help. We can call or visit you if you cannot come to our office. Clients may submit an application for benefits and certification materials applying online at https://onedhs.tn.gov, to their county office by mail, hand-delivery, or you may fax your application to your local county office.

Your application tracking number is **T50261804**. You will need this number if you want information about the status of your application.

Sign and Submit:

I swear under penalty of perjury (making false statements under oath) and all other applicable penalties that the statements made on this application, any attachments, and to whoever interviewed me are true and correct. All persons applying for or receiving aid are U.S. citizens, legal aliens, or eligible immigrants. I understand and agree to the rules and information given to me. If asked, I will give information that proves my statement, or I give TDHS permission to get proof. I understand I must report any changes the way TDHS tells me to. I understand that the information I provide will be subject to verification by federal, state, and local officials to determine if such information is factual.

Release: The State of Tennessee or people who work for it may need to prove the information I gave is true. By signing this paper, I am saying it is OK to get proof. This will let them decide if I can get SNAP or Families First. I am also saying that I have read and understand the Statement of Understanding.

Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to $250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/ Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else's card.

Signature of Client: candice jacques

Date: 02/20/2024 11:10:15

Head of Household

Candice Jacques | Age: 36			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
What is the language most commonly spoken in the household?		**If an interview is required will you need an interpreter?**	
English		No	
Do you consider yourself homeless?		**Which Tennessee County do you reside closest to?**	
No		N/A	
Do you need an EBT Card?			
No			
Where You live		**Mailing Address**	
8200 McCrory Ln 622 Nashville, Tennessee 37221-5930, County - Davidson		N/A	
Home Phone	**Cell Phone**	**Work Phone**	**Email Id**
N/A	913-526-7359	N/A	candicejac@gmail.com

What is the best time to call you during the weekday?	**What is the best mode to contact you?**	**Who is completing this application?**
Afternoon	Cell/Other Phone	Self
Do you have a disability or Language barrier that requires an accommodation?	**What type of assistance do you need?**	**If other, describe accommodation needed**
No	N/A	N/A
Are you registered to vote where you live now?	**Would you like to vote?**	**Do you want TDHS to mail a voter registration form to you?**
Yes	N/A	N/A

Federal and/or State Convictions

Your SNAP benefits may end if you:

- Give incorrect information or hide facts to get SNAP benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.

If you break these rules, you will not get SNAP benefits for:
1 year the first time, 2 years the second time, and forever the third time.

If you trade SNAP benefits for drugs. You can be cut off for:
2 years the first time and forever the second time.

You may be cut off SNAP forever if you're found guilty of:

- Trading SNAP benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);
- Selling SNAP benefits worth $500 or more.

Don't give incorrect information about who you are or where you live to receive multiple SNAP/Food Stamp benefits. Giving incorrect information can keep you from getting SNAP/Food Stamp benefits for 10 years.

Have you or anyone in your household been found guilty of receiving TANF (cash benefits) or SNAP benefits from two or more states at the same time?
N/A
Has anyone used TANF funds at the following establishments: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and/or licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories? (TANF only)
N/A
Have you or any household member been convicted of buying or selling SNAP benefits over $500?
N/A
Do you or anyone in your household have a felony conviction because of behavior related to the possession, use or distribution of a controlled drug substance after 08/22/96 (SNAP & TANF)?
N/A
Are you or any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a convicted felony crime or attempted felony crime, or may have violation(s) of such, or are not in compliance with the conditions of parole or probation?
N/A

Have you or any household member been convicted of trading SNAP benefits for drugs or controlled substance?
N/A
Have you or any member of your household been convicted as an adult of aggravated sexual abuse, murder, sexual exploitation, and other abuse of children, a Federal or State offense involving sexual assault, or an offense under State law determined by the Attorney General to be substantially similar to such an offense, after February 7, 2014?
N/A
Has anyone you are applying for received SNAP & TANF from another state within the last 30 days?
N/A

Authorized Representative

Authorized Representative Email	N/A
Home Phone	N/A
EXT	N/A
Cell/Other Phone	N/A
EXT	N/A
Work Phone	N/A
EXT	N/A
Authorized Representative Address	N/A
May apply for SNAP benefits for me?	N/A
May use my SNAP benefits for me?	N/A
May receive my SNAP benefits for me?	N/A
May apply for Families First benefits for me?	N/A
May use my Families First benefits for me?	N/A
May receive my Families First benefits for me?	N/A

Expedited SNAP Benefits

Do you have $100 or less in cash or in the bank?	N/A
How much cash or money in the bank do you have?	$0.00
Do you get less than $150 a month in income or other benefits (such as employment, social security, or child support)?	N/A
How much money do you get a month in income or other benefits (such as employment, social security, or child support)?	$0.00
Is your income plus your savings this month less than your shelter costs (for example: rent, mortgage, utilities)?	N/A
How much do you pay in rent/mortgage?	$0.00
What type of Utility Expense(s) do you pay? (Multi-Select)	N/A
Is someone in your household a migrant or seasonal farm worker?	N/A

People In Your Home

Candice Jacques | Age: 36			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity	Non-Hispanic		
Gender	Female		
Date of birth	[redacted]/1987		
Social Security Number	[redacted]-3999		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	N/A		
Pregnancy Due Date	N/A		
What is this individual's education status?	N/A		
Type of School	N/A		
Where is the individual currently attending school?	N/A		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	N/A		
Race	N/A		
What is this individual's living arrangement?	N/A		
If not in the home, when did this living arrangement begin?	N/A		
Is this individual actively serving in the military?	N/A		
Is this individual actively serving in the military reserve?	N/A		
Enter the location/duty:	N/A		

Relationship to Head of Household	Self
Relationship to a[redacted] j[redacted]	N/A

a [redacted] j [redacted] | Age: 1			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity	Non-Hispanic		
Gender	Female		
Date of birth	[redacted]/2022		
Social Security Number	[redacted]-8684		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	N/A		
Pregnancy Due Date	N/A		
What is this individual's education status?	N/A		
Type of School	N/A		
Where is the individual currently attending school?	N/A		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	N/A		
Race	N/A		
What is this individual's living arrangement?	N/A		
If not in the home, when did this living arrangement begin?	N/A		
Is this individual actively serving in the military?	N/A		
Is this individual actively serving in the military reserve?	N/A		
Enter the location/duty:	N/A		
Relationship to Head of Household	N/A		

Employment Information

Employer Phone Number	**Employment Start Date**	**How often is this individual paid?**	**Hourly Wage**
N/A	N/A	N/A	N/A
Hours per week	**Does this individual still have this job?**	**Date of last payment**	**Amount of last payment**
N/A	N/A	N/A	N/A
Employer Address			
N/A			

Self-Employment Information

Type of Self-Employment	**Monthly Income**	**Hours per week**	**How much income (before taxes) will this individual earn annually?**	**What is this individual's annual expenses related to this self-employment?**
N/A	N/A	N/A	N/A	N/A

Other Income Information

Type of Income	**First Payment Date**	**How often is this individual paid?**	**Claim ID**
N/A	N/A	N/A	N/A
How much does this individual receive each time?		**How much income (before taxes) does this individual receive from this source a month?**	
N/A		N/A	

Cash Resource Information

How much cash does this person have?
N/A

Checking and Saving Account Resource Information

Type of Account	Total Balance
N/A	N/A

Certificate of Deposit Resource Information

Total Balance
N/A

Stocks, Bonds and Mutual Funds Resource Information

Type	What is the value?
N/A	N/A

Retirement Resource Information

What is the Balance?
N/A

Other Resource Information

Resource Type	What is the Value?
N/A	N/A

Joint Account

Are any of these Joint Accounts?
N/A

Child Care Expense Information

How often is this Child Care Expense paid?	N/A
Amount paid each time?	N/A
Who provides this Child Care?	N/A
Child Care Provider Name	N/A

Shelter Expenses Information

Shelter Expense Type	N/A
How often is the Shelter Expense paid?	N/A
Amount paid each time?	N/A

Utility Expenses Information

Does this Utility Expense include heating or cooling costs?	N/A
Utility Expense Type(s):	N/A
Monthly Amount	N/A

Medical Expense Information

Type of Medical Expense	N/A
How often is the Medical Expense paid?	N/A
Amount paid each time?	N/A

Child Support Payments Information

Monthly Amount
N/A

Permission To Release School Attendance Records

I (client) give permission for the school attendance records of children on this application to be released to the Tennessee Department of Human Services by the Tennessee Department of Education or my child's school. The Department of Human Services will use these records, including social security numbers to help me meet my Families First Responsibilities. The records will be destroyed when they are no longer needed.
Yes
Are you willing to comply with child support?
N/A

Non-Discrimination

TDHS is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to

USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

You may also write Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 505 Deaderick Street, Nashville, TN 37243, (615) 313-4700.

Penalties For SNAP Violations:

Your SNAP/Food Stamp benefits may end if you:

- Give incorrect information or hide facts to get SNAP benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.

If you break these rules, you will not get SNAP/Food Stamp benefits for:

- First Offense: 1 year of no SNAP benefits;
- Second Offense: 2 Years of no SNAP benefits;
- Third Offense: You will NEVER be eligible for SNAP benefits.

If you trade SNAP/Food Stamp benefits for drugs/controlled substances. You can be cut off for:

- First Offense: 2 years of no SNAP benefits;
- Second Offense: You will NEVER be eligible for SNAP benefits again.

You'll be cut off the SNAP/Food Stamp Program forever if you're found guilty of:

- Trading SNAP/Food Stamp benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);
- Selling SNAP/Food Stamp benefits worth $500 or more.

Don’t give incorrect information about who you are or where you live to receive multiple SNAP/Food Stamp benefits. Giving incorrect information can keep you from getting SNAP/Food Stamp benefits for 10 years.

Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to $250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else’s card.

Penalties For Families First Violations:

Your Families First benefits may end if you:

- Give incorrect information or hide facts to get Families First benefits;
- Use your Benefit Security Card (EBT Card) in a prohibited location: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories.

If you give incorrect information, you will not be ineligible for Families First benefits for:

- First Offense: 6 months of no Families First benefits;
- Second Offense: 1 year of no Families First benefits;
- Third Offense: You will NEVER be eligible for Families First benefits.

You will not get Families First benefits for ten (10) years if you get cash assistance payments in two (2) states at the same time.

Fair Hearing Appeal Policy

You have the right to appeal any action or decision made by this agency. A Fair Hearing will allow you to explain how you feel the action or decision did not follow policy. The Fair Hearing officer will decide if the policy was correctly followed or not followed by the agency. Individuals who wish to appeal must complete and submit the HS-3058 Consolidated Appeal Request Form within ten (10) calendar days of the denial or termination notice.

If you request a Fair Hearing within ten (10) calendar days following the action or decision, you may choose to continue receiving child care payment assistance during the appeal process. If you request a Fair Hearing after ten (10) calendar days from the date of the action or decision, child care payment

assistance will not continue to be paid during the appeal process. If you do choose to continue receiving child care payment assistance during the Fair Hearing process and it is later decided that you were not eligible for payment assistance, you will be required to repay the full amount of child care payment assistance you were not entitled to receive.

You will not be penalized or treated unfairly by your Child Care Specialist or other Certificate Program staff for requesting a Fair Hearing. You may bring a friend, relative or lawyer to the Fair Hearing to speak on your behalf.

Drug Screening Information:

Effective July 1, 2014, state law requires the Department of Human Services (DHS) to screen any cash assistance applicant eighteen (18) years of age or older(or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative), who is otherwise eligible for cash assistance, for the use of a controlled substances. In a two (2)-parent household, only one (1) parent, the applicant, will be screened. T.C.A. § 71-3-1202.

These controlled substances include the following:

- Marijuana (cannabis, pot, weed, etc.);
- Cocaine (coke, blow, crack, rock, etc.);
- Methamphetamine/Amphetamine type stimulants (speed, meth, ecstasy, X, ice, etc.);
- Opiates (heroin, morphine, methadone, opium, Buprenorphine, codeine, etc.).

If your screening results indicate that you use controlled substances, you will be required to take a drug test.
If you are currently taking a prescription medication, which you believe may contain any of the above controlled substances, you may provide verification of the valid prescription to the Medical Review Officer after taking the drug test. No drug for which an individual has a current and valid prescription shall be the basis for denial of cash assistance. T.C.A. § 71-3-1202(d)(2).

If you are required to take a drug test and your results are positive, you will be required to submit to a substance abuse evaluation and may be required to undergo substance abuse treatment. If you fail to submit to a substance abuse evaluation or undergo required substance abuse treatment, your needs will be removed from the household, and your cash assistance benefits will be reduced. T.C.A. § 71-3-1202(h).

Each Families First/TANF applicant age eighteen (18) or older (or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative) must answer the questions contained on this form.

Important Information

- **You will be denied benefits until you submit this form and DHS determines you can receive benefits.**
- **You will be notified if DHS does not receive this completed form, other necessary information, and/or any necessary drug test by the stated deadline.**

YOU WILL BE DENIED BENEFITS IF:

- **You do not fill out this form completely and return it by the requested date.**
- **You fail or refuse to take a drug test, if required, based on your answers on this form.**
- **You do not provide other information necessary to determine your eligibility, including the results of a drug test, if necessary.**

Use Of Drug Screening And Test Results

By law, all information regarding this screening form and any drug testing results you may have are confidential and will not be released to law enforcement and cannot be used in any criminal proceedings.

However, **any evidence discovered as a result of this screening, or as a result of a later drug test, that the Department determines supports a reasonable cause to believe that parental abuse, sexual abuse, or neglect of a child has occurred, is required by state law to be reported to the Department of Children's Services,** and can be used in any civil court proceeding involving the protection and custody of that child or in any permanency proceeding in court involving foster care of that child or termination of parental rights to that child. In addition, this information can be used by the Department in any appeal you may file to find out if DHS has made a mistake in determining if you can get TANF/Families First benefits, or it can be used in any civil or administrative matter that concerns defense of a case filed by you against the Department or the drug testing agency. T.C.A. § 71-3-1204.

DAVIDSON CO. DEPT. OF HUMAN SERVICES
227 FRENCH LANDING DRIVE
FIRST FLOOR
NASHVILLE, TN 37228-1605

https://www.tn.gov/humanservices

CANDICE M JACQUES
8200 MCCRORY LN
622
NASHVILLE TN 37221-5930

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Candice M Jacques
Application Number: T50261804
Customer ID: 258121241
Date: 02/27/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Appointment

You have been scheduled for the following **telephone interview appointment**.

Date: 03/05/2024 Time: 12:30 PM CST/1:30 PM EST.

Phone number on file: (913) 526-7359

We will call you within an hour of your appointment time to talk to you about your application for benefits.

This interview is for SNAP.

If you did not provide a phone number or your phone number has changed, please contact the Family Assistance Service Center 1-866-311-4287 before your scheduled telephone appointment to provide a number where we can reach you. If you prefer to come into our office or you cannot keep this interview appointment, please call us to reschedule. **It is important to keep your appointment.**

If you do not request another appointment, your application for benefits may be denied.

What do you need for your interview?

We will ask you questions about your application and your household. Your household is anyone who lives with you and who buys and prepares food with you. We will use this information to help us determine if you qualify for SNAP benefits and the amount your benefits would be.

We will ask you for certain documents. If you decide to come in person for an interview, please bring:

- A form of identification, such as your driver's license.
- Documents to verify your resources for example, bank statements, certificates of deposit, savings bonds, property, cars, trucks, motorcycles, recreational vehicles.
- Documents to show any income. These may include proof such as paycheck stubs for the past 2 months, W-2 forms, copies of Social Security checks, official letters saying how much you will get, employer's statements.
- Documents to show housing, utilities, and childcare costs. This may include your lease or mortgage, utility bills, or childcare or adult care bills.
- If someone in your household is elderly or disabled, bills for that person's medical, vision, or dental expenses that are paid out of pocket.

You may submit your verifications by uploading them through the Customer Portal https://OneDHS.tn.gov, mail, or in person.

What will happen after the interview?

We may ask you to provide additional verifications to complete your case. Your case will not be approved until you provide the necessary information.

What happens if you miss the interview?

Please call us to reschedule. Our number is 1-866-311-4287. Your SNAP and Families First application may be delayed if you do not complete your interview.

What if you need more help?

If you have questions or need more information, please call us at 1-866-311-4287, Monday through Friday. You may also visit our website https://www.tn.gov/humanservices for more information.

State of Tennessee Department of Human Services

1-866-311-4287

https://www.tn.gov/humanservices

Please read on to find out more about your rights and responsibilities.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):

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- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

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USDA Nondiscrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at : https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint, and at any USDA office,or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form,call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at:http://www.fns.usda.gov/snap/contact_info/hotlines.htm

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697(TTY)

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SNAP and Families First Verification Checklist

The verifications below are needed at interview to timely process your case.

Below we have listed some information that may need to be verified before your application can be completed. We've listed some of the papers you can use as proof. There may be other kinds of proof you can use.

To verify your identity

- ☐ Driver's license
- ☐ School or work identification
- ☐ Voter's registration card
- ☐ Birth certificate
- ☐ Passport
- ☐ Resident Alien Card
- ☐ I-94 Card

To verify your address

- ☐ Property tax statement
- ☐ Homeowners or renters insurance
- ☐ Current utility bills
- ☐ Rent or mortgage receipts showing address
- ☐ Mail sent to stated address

To verify your income (provide a document for each income source)

- ☐ Check stubs
- ☐ Award letters
- ☐ Employer statement (if you get paid in cash or if you do not have your check stubs)
- ☐ Social Security, Supplemental Security Income, or Veteran's Benefits
- ☐ Other Retirement or Disability Benefits
- ☐ Child Support Agreement or Receipts
- ☐ Unemployment compensation
- ☐ W-2 forms

To verify your citizenship or alien status

- ☐ Immigration and Naturalization Documents
- ☐ Birth certificate
- ☐ US passport
- ☐ Certificate of US citizenship

To verify your resources

- ☐ Bank statements for checking/savings accounts
- ☐ Stock shares, bonds, and/or CDs
- ☐ Proof of rental properties
- ☐ Titles for non-household transportation and Recreational vehicles
- ☐ Titles for vehicles (Families First Only)

To verify your expenses (SNAP Only)

- ☐ Rent or mortgage payments
- ☐ Property taxes
- ☐ Insurance on property
- ☐ Utilities receipts (gas, water, electricity, etc.)
- ☐ Child care costs
- ☐ Child support payments

Medical expenses not covered by insurance (SNAP only deduction for households of elderly, age 60+, or disabled persons)

- ☐ Summary of provided services such as doctor or hospital visits
- ☐ Detailed receipts showing unreimbursed medical expenses
- ☐ Prescription ledger showing cost of prescriptions on the printout
- ☐ Medical payment agreement
- ☐ Invoices or receipts for medical equipment (including the rental cost)

Other Verifications (Families First Only)

- ☐ Age (e.g., birth certificate)
- ☐ School attendance/grades
- ☐ Immunizations and health checks

Need to report a change? Have Questions? Need help? The Family Assistance Service Center (FASC) is here to help
Monday-Friday, 8:00 a.m. - 4:30 p.m. 1-866-244-4307

DAVIDSON CO. DEPT. OF HUMAN SERVICES
227 FRENCH LANDING DRIVE
FIRST FLOOR
NASHVILLE, TN 37228-1605

https://www.tn.gov/humanservices

CANDICE M JACQUES
8200 MCCRORY LN
622
NASHVILLE TN 37221-5930

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

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Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Candice M Jacques
Application Number: T50261804
Customer ID: 258121241
Date: 03/06/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Missed Interview

You missed your interview March 05, 2024, 12:30 PM CST/1:30 PM EST.

You applied for assistance. This letter is to let you know that you have not completed your interview as we requested. You need to contact the Families Assistance Service Center at **1-866-311-4287** to reschedule your interview.

If you do not contact us to complete your interview, your application will be denied. Please do not wait to complete your interview.

For SNAP, you must complete your interview by March 21, 2024. Please ignore this notice if you recently completed your SNAP interview.

This interview is for SNAP.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 615-244-6610.

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- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

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STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Candice M Jacques
Application Number: T50261804
Customer ID: 258121241
Date: 03/22/2024
Family Assistance Service Center: 1-866-311-4287

Application Denial

As of March 21, 2024, your application for benefits has been denied because you failed to complete your interview for eligibility.

We used these reasons to make this decision:

Reason: You did not help us prove your eligibility.

What can you do about this:

- Look at the yellow and blue pages to see how to appeal.
- Call the Family Assistance Service Center at 1-866-311-4287. This is a free call.

This application is denied for SNAP.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

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For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at:http://www.fns.usda.gov/snap/contact_info/hotlines.htm

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STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Candice M Jacques
Application Number: T50261804
Customer ID: 258121241
Date: 04/23/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Appointment

You have been scheduled for the following **telephone interview appointment**.

Date: 04/26/2024 Time: 9:00 AM CST/10:00 AM EST.

Phone number on file: (913) 526-7359

We will call you within an hour of your appointment time to talk to you about your application for benefits.

This interview is for SNAP.

If you did not provide a phone number or your phone number has changed, please contact the Family Assistance Service Center 1-866-311-4287 before your scheduled telephone appointment to provide a number where we can reach you. If you prefer to come into our office or you cannot keep this interview appointment, please call us to reschedule. **It is important to keep your appointment.**

If you do not request another appointment, your application for benefits may be denied.

What do you need for your interview?

We will ask you questions about your application and your household. Your household is anyone who lives with you and who buys and prepares food with you. We will use this information to help us determine if you qualify for SNAP benefits and the amount your benefits would be.

We will ask you for certain documents. If you decide to come in person for an interview, please bring:

- A form of identification, such as your driver's license.
- Documents to verify your resources for example, bank statements, certificates of deposit, savings bonds, property, cars, trucks, motorcycles, recreational vehicles.
- Documents to show any income. These may include proof such as paycheck stubs for the past 2 months, W-2 forms, copies of Social Security checks, official letters saying how much you will get, employer's statements.
- Documents to show housing, utilities, and childcare costs. This may include your lease or mortgage, utility bills, or childcare or adult care bills.
- If someone in your household is elderly or disabled, bills for that person's medical, vision, or dental expenses that are paid out of pocket.

You may submit your verifications by uploading them through the Customer Portal https://OneDHS.tn.gov, mail, or in person.

What will happen after the interview?

We may ask you to provide additional verifications to complete your case. Your case will not be approved until you provide the necessary information.

What happens if you miss the interview?

Please call us to reschedule. Our number is 1-866-311-4287. Your SNAP and Families First application may be delayed if you do not complete your interview.

What if you need more help?

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State of Tennessee Department of Human Services

1-866-311-4287

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Please read on to find out more about your rights and responsibilities.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://www.fns.usda.gov/snap/state-directory.

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR), for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

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SNAP and Families First Verification Checklist

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- ☐ School or work identification
- ☐ Voter's registration card
- ☐ Birth certificate
- ☐ Passport
- ☐ Resident Alien Card
- ☐ I-94 Card

To verify your address

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- ☐ Homeowners or renters insurance
- ☐ Current utility bills
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- ☐ Check stubs
- ☐ Award letters
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- ☐ Social Security, Supplemental Security Income, or Veteran's Benefits
- ☐ Other Retirement or Disability Benefits
- ☐ Child Support Agreement or Receipts
- ☐ Unemployment compensation
- ☐ W-2 forms

To verify your citizenship or alien status

- ☐ Immigration and Naturalization Documents
- ☐ Birth certificate
- ☐ US passport
- ☐ Certificate of US citizenship

To verify your resources

- ☐ Bank statements for checking/savings accounts
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- ☐ Titles for vehicles (Families First Only)

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STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Candice M Jacques
Application Number: T50261804
Customer ID: 258121241
Date: 04/29/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Missed Interview

You missed your interview April 26, 2024, 9:00 AM CST/10:00 AM EST.

You applied for assistance. This letter is to let you know that you have not completed your interview as we requested. You need to contact the Families Assistance Service Center at **1-866-311-4287** to reschedule your interview.

If you do not contact us to complete your interview, your application will be denied. Please do not wait to complete your interview.

For SNAP, you must complete your interview by March 21, 2024. Please ignore this notice if you recently completed your SNAP interview.

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You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://www.fns.usda.gov/snap/state-directory.

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS

provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

Tennessee Department of Human Services
FAMILY ASSISTANCE APPLICATIONS

We will take your application with only your name, address, and signature. But the more you tell us, the faster we can see if you can get help. If you are approved, your benefits may start from the date we receive your application. In most cases you will need to talk with a TDHS worker to complete the application process.

You may be able to get SNAP in 7 days if:

1. Your household's monthly income is less than $150, and you now have resources of $100 or less.
2. Your shelter cost (plus utilities) is higher than your monthly income plus savings.
3. You do seasonal farm or migrant work.

If you have a disability that makes it hard for you to fill out or understand this application, we can help. We can call or visit you if you cannot come to our office. Clients may submit an application for benefits and certification materials applying online at https://onedhs.tn.gov, to their county office by mail, hand-delivery, or you may fax your application to your local county office.

Your application tracking number is **T50430262**. You will need this number if you want information about the status of your application.

Sign and Submit:

I swear under penalty of perjury (making false statements under oath) and all other applicable penalties that the statements made on this application, any attachments, and to whoever interviewed me are true and correct. All persons applying for or receiving aid are U.S. citizens, legal aliens, or eligible immigrants. I understand and agree to the rules and information given to me. If asked, I will give information that proves my statement, or I give TDHS permission to get proof. I understand I must report any changes the way TDHS tells me to. I understand that the information I provide will be subject to verification by federal, state, and local officials to determine if such information is factual.

Release: The State of Tennessee or people who work for it may need to prove the information I gave is true. By signing this paper, I am saying it is OK to get proof. This will let them decide if I can get SNAP or Families First. I am also saying that I have read and understand the Statement of Understanding.

Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to $250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/ Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else's card.

Signature of Client: Candice Jacques

Date: 04/29/2024 09:23:53

Head of Household

Candice Jacques | Age: 36			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
What is the language most commonly spoken in the household?		**If an interview is required will you need an interpreter?**	
N/A		No	
Do you consider yourself homeless?		**Which Tennessee County do you reside closest to?**	
No		N/A	
Do you need an EBT Card?			
No			
Where You live		**Mailing Address**	
8200 McCrory Ln Apt 622 Nashville, Tennessee 37221-5930, County - Davidson		N/A	
Home Phone	**Cell Phone**	**Work Phone**	**Email Id**
N/A	913-526-7359	N/A	candicejac@gmail.com

What is the best time to call you during the weekday?	**What is the best mode to contact you?**	**Who is completing this application?**
Morning	Cell/Other Phone	Self
Do you have a disability or Language barrier that requires an accommodation?	**What type of assistance do you need?**	**If other, describe accommodation needed**
No	N/A	N/A
Are you registered to vote where you live now?	**Would you like to vote?**	**Do you want TDHS to mail a voter registration form to you?**
Yes	N/A	N/A

Federal and/or State Convictions

Your SNAP benefits may end if you:

- Give incorrect information or hide facts to get SNAP benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.

If you break these rules, you will not get SNAP benefits for:
1 year the first time, 2 years the second time, and forever the third time.

If you trade SNAP benefits for drugs. You can be cut off for:
2 years the first time and forever the second time.

You may be cut off SNAP forever if you're found guilty of:

- Trading SNAP benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);
- Selling SNAP benefits worth $500 or more.

Don't give incorrect information about who you are or where you live to receive multiple SNAP benefits. Giving incorrect information can keep you from getting SNAP benefits for 10 years.

Have you or anyone in your household been found guilty of receiving TANF (cash benefits) or SNAP benefits from two or more states at the same time?
No
Has anyone used TANF funds at the following establishments: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and/or licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories? (TANF only)
N/A
Have you or any household member been convicted of buying or selling SNAP benefits over $500?
No
Do you or anyone in your household have a felony conviction because of behavior related to the possession, use or distribution of a controlled drug substance after 08/22/96 (SNAP & TANF)?
No
Are you or any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a convicted felony crime or attempted felony crime, or may have violation(s) of such, or are not in compliance with the conditions of parole or probation?
No
Have you or any household member been convicted of trading SNAP benefits for drugs or controlled

substance?
No
Have you or any member of your household been convicted as an adult of aggravated sexual abuse, murder, sexual exploitation, and other abuse of children, a Federal or State offense involving sexual assault, or an offense under State law determined by the Attorney General to be substantially similar to such an offense, after February 7, 2014?
No
Has anyone you are applying for received SNAP & TANF from another state within the last 30 days?
No

Authorized Representative

Would you like to name an Authorized Representative at this time? No	
Authorized Representative Email	N/A
Home Phone	N/A
EXT	N/A
Cell/Other Phone	N/A
EXT	N/A
Work Phone	N/A
EXT	N/A
Authorized Representative Address	N/A
May apply for SNAP benefits for me?	N/A
May use my SNAP benefits for me?	N/A
May receive my SNAP benefits for me?	N/A
May apply for Families First benefits for me?	N/A
May use my Families First benefits for me?	N/A
May receive my Families First benefits for me?	N/A

Expedited SNAP Benefits

Do you have $100 or less in cash or in the bank?	Yes
How much cash or money in the bank do you have?	$12.00
Do you get less than $150 a month in income or other benefits (such as employment, social security, or child support)?	Yes
How much money do you get a month in income or other benefits (such as employment, social security, or child support)?	$0.00
Is your income plus your savings this month less than your shelter costs (for example: rent, mortgage, utilities)?	Yes
How much do you pay in rent/mortgage?	$1,257.00
What type of Utility Expense(s) do you pay? (Multi-Select)	Heating/Cooling, Telephone
Is someone in your household a migrant or seasonal farm worker?	No

People In Your Home

Candice Jacques | Age: 36			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity	Other		
Gender	Female		
Date of birth	[redacted]/1987		
Social Security Number	[redacted]-3999		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	No		
Pregnancy Due Date	N/A		
What is this individual's education status?	Not in school		
Type of School	N/A		
Where is the individual currently attending school?	N/A		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	No		
Race	White		
What is this individual's living arrangement?	N/A		
If not in the home, when did this living arrangement begin?	N/A		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		

Relationship to Head of Household	Self
Relationship to A[redacted] J[redacted]	is the mother of

A[redacted] J[redacted] | Age: 1			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity	N/A		
Gender	Female		
Date of birth	[redacted]/2022		
Social Security Number	[redacted]-8684		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	N/A		
Pregnancy Due Date	N/A		
What is this individual's education status?	Not in school		
Type of School	N/A		
Where is the individual currently attending school?	N/A		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	No		
Race	White		
What is this individual's living arrangement?	At Home		
If not in the home, when did this living arrangement begin?	N/A		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		
Relationship to Head of Household	is the daughter of		

Employment Information

Does anyone in the household have a job? No			
Employer Phone Number	**Employment Start Date**	**How often is this individual paid?**	**Hourly Wage**
N/A	N/A	N/A	N/A
Hours per week	**Does this individual still have this job?**	**Date of last payment**	**Amount of last payment**
N/A	N/A	N/A	N/A
Employer Address			
N/A			

Self-Employment Information

Is anyone in the household self-employed? No				
Type of Self-Employment	**Monthly Income**	**Hours per week**	**How much income (before taxes) will this individual earn annually?**	**What is this individual's annual expenses related to this self-employment?**
N/A	N/A	N/A	N/A	N/A

Other Income Information

Does anyone in the household get income from another source? No			
Type of Income	**First Payment Date**	**How often is this individual paid?**	**Claim ID**
N/A	N/A	N/A	N/A
How much does this individual receive each time?		**How much income (before taxes) does this individual receive from this source a month?**	
N/A		N/A	

Cash Resource Information

Does anyone in the household have cash? No
How much cash does this person have?
N/A

Checking and Saving Account Resource Information

Candice Jacques	
Type of Account	**Total Balance**
Checking	$25.00

Certificate of Deposit Resource Information

Does anyone in the household have certificates of deposit? No
Total Balance
N/A

Stocks, Bonds and Mutual Funds Resource Information

Does anyone in the household have stocks, bonds, or mutual funds? No	
Type	**What is the value?**
N/A	N/A

Retirement Resource Information

Does anyone in the household have a retirement account? No
What is the Balance?
N/A

Other Resource Information

Does anyone in the household have any other resources? No	
Resource Type	**What is the Value?**
N/A	N/A

Joint Account

Are any of these accounts joint accounts? No
Are any of these Joint Accounts?
No

Child Care Expense Information

Does anyone in the household have Child Care Expenses? No	
How often is this Child Care Expense paid?	N/A
Amount paid each time?	N/A
Who provides this Child Care?	N/A
Child Care Provider Name	N/A

Shelter Expenses Information

Candice Jacques	
Shelter Expense Type	Rent
How often is the Shelter Expense paid?	Monthly
Amount paid each time?	$1257.00

Utility Expenses Information

Candice Jacques	
Does this Utility Expense include heating or cooling costs?	Yes
Utility Expense Type(s):	Electricity, Telephone, Gas
Monthly Amount	$250.00

Medical Expense Information

Candice Jacques	
Type of Medical Expense	Hospital
How often is the Medical Expense paid?	N/A
Amount paid each time?	$20.00

Child Support Payments Information

Does anyone in the household make Child Support Payments? No
Monthly Amount
N/A

Permission To Release School Attendance Records

I (client) give permission for the school attendance records of children on this application to be released to the Tennessee Department of Human Services by the Tennessee Department of Education or my child's school. The Department of Human Services will use these records, including social security numbers to help me meet my Families First Responsibilities. The records will be destroyed when they are no longer needed.
N/A
Are you willing to comply with child support?
N/A

Non-Discrimination

TDHS is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to

USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

You may also write Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 505 Deaderick Street, Nashville, TN 37243, (615) 313-4700.

Penalties For SNAP Violations:

Your SNAP/Food Stamp benefits may end if you:

- Give incorrect information or hide facts to get SNAP benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.

If you break these rules, you will not get SNAP/Food Stamp benefits for:

- First Offense: 1 year of no SNAP benefits;
- Second Offense: 2 Years of no SNAP benefits;
- Third Offense: You will NEVER be eligible for SNAP benefits.

If you trade SNAP/Food Stamp benefits for drugs/controlled substances. You can be cut off for:

- First Offense: 2 years of no SNAP benefits;
- Second Offense: You will NEVER be eligible for SNAP benefits again.

You'll be cut off the SNAP/Food Stamp Program forever if you're found guilty of:

- Trading SNAP/Food Stamp benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);
- Selling SNAP/Food Stamp benefits worth $500 or more.

Don't give incorrect information about who you are or where you live to receive multiple SNAP/Food Stamp benefits. Giving incorrect information can keep you from getting SNAP/Food Stamp benefits for 10 years.

Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to $250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else's card.

Penalties For Families First Violations:

Your Families First benefits may end if you:

- Give incorrect information or hide facts to get Families First benefits;
- Use your Benefit Security Card (EBT Card) in a prohibited location: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories.

If you give incorrect information, you will not be ineligible for Families First benefits for:

- First Offense: 6 months of no Families First benefits;
- Second Offense: 1 year of no Families First benefits;
- Third Offense: You will NEVER be eligible for Families First benefits.

You will not get Families First benefits for ten (10) years if you get cash assistance payments in two (2) states at the same time.

Fair Hearing Appeal Policy

You have the right to appeal any action or decision made by this agency. A Fair Hearing will allow you to explain how you feel the action or decision did not follow policy. The Fair Hearing officer will decide if the policy was correctly followed or not followed by the agency. Individuals who wish to appeal must complete and submit the HS-3058 Consolidated Appeal Request Form within ten (10) calendar days of the denial or termination notice.

If you request a Fair Hearing within ten (10) calendar days following the action or decision, you may choose to continue receiving child care payment assistance during the appeal process. If you request a Fair Hearing after ten (10) calendar days from the date of the action or decision, child care payment

assistance will not continue to be paid during the appeal process. If you do choose to continue receiving child care payment assistance during the Fair Hearing process and it is later decided that you were not eligible for payment assistance, you will be required to repay the full amount of child care payment assistance you were not entitled to receive.

You will not be penalized or treated unfairly by your Child Care Specialist or other Certificate Program staff for requesting a Fair Hearing. You may bring a friend, relative or lawyer to the Fair Hearing to speak on your behalf.

Drug Screening Information:

Effective July 1, 2014, state law requires the Department of Human Services (DHS) to screen any cash assistance applicant eighteen (18) years of age or older(or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative), who is otherwise eligible for cash assistance, for the use of a controlled substances. In a two (2)-parent household, only one (1) parent, the applicant, will be screened. T.C.A. § 71-3-1202.

These controlled substances include the following:

- Marijuana (cannabis, pot, weed, etc.);
- Cocaine (coke, blow, crack, rock, etc.);
- Methamphetamine/Amphetamine type stimulants (speed, meth, ecstasy, X, ice, etc.);
- Opiates (heroin, morphine, methadone, opium, Buprenorphine, codeine, etc.).

If your screening results indicate that you use controlled substances, you will be required to take a drug test.
If you are currently taking a prescription medication, which you believe may contain any of the above controlled substances, you may provide verification of the valid prescription to the Medical Review Officer after taking the drug test. No drug for which an individual has a current and valid prescription shall be the basis for denial of cash assistance. T.C.A. § 71-3-1202(d)(2).

If you are required to take a drug test and your results are positive, you will be required to submit to a substance abuse evaluation and may be required to undergo substance abuse treatment. If you fail to submit to a substance abuse evaluation or undergo required substance abuse treatment, your needs will be removed from the household, and your cash assistance benefits will be reduced. T.C.A. § 71-3-1202(h).

Each Families First/TANF applicant age eighteen (18) or older (or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative) must answer the questions contained on this form.

Important Information

- **You will be denied benefits until you submit this form and DHS determines you can receive benefits.**
- **You will be notified if DHS does not receive this completed form, other necessary information, and/or any necessary drug test by the stated deadline.**

YOU WILL BE DENIED BENEFITS IF:

- **You do not fill out this form completely and return it by the requested date.**
- **You fail or refuse to take a drug test, if required, based on your answers on this form.**
- **You do not provide other information necessary to determine your eligibility, including the results of a drug test, if necessary.**

Use Of Drug Screening And Test Results

By law, all information regarding this screening form and any drug testing results you may have are confidential and will not be released to law enforcement and cannot be used in any criminal proceedings.

However, **any evidence discovered as a result of this screening, or as a result of a later drug test, that the Department determines supports a reasonable cause to believe that parental abuse, sexual abuse, or neglect of a child has occurred, is required by state law to be reported to the Department of Children's Services,** and can be used in any civil court proceeding involving the protection and custody of that child or in any permanency proceeding in court involving foster care of that child or termination of parental rights to that child. In addition, this information can be used by the Department in any appeal you may file to find out if DHS has made a mistake in determining if you can get TANF/Families First benefits, or it can be used in any civil or administrative matter that concerns defense of a case filed by you against the Department or the drug testing agency. T.C.A. § 71-3-1204.

DAVIDSON CO. DEPT. OF HUMAN SERVICES
227 FRENCH LANDING DRIVE
FIRST FLOOR
NASHVILLE, TN 37228-1605

https://www.tn.gov/humanservices

CANDICE M JACQUES
8200 MCCRORY LN APT 622
NASHVILLE TN 37221

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Candice M Jacques
Case Number: 116090791
Customer ID: 258121241
Date: 05/10/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

SNAP

Your application for SNAP benefits has been completed. You have been determined eligible for SNAP for the months of April 2024 through September 2024.

Your first allotment for the months of April 2024 and May 2024 will be $570.00 and then you will receive $535.00 each month.

Please note that if you applied after the first day of the month, your first month of benefits is a partial benefit.

Your first month's SNAP benefits will be available once you receive your Electronic Benefits Transfer (EBT) card or if you already have a card, they will be available immediately.
You will receive your benefit on the 20th day of each month.

- If you are a Simplified Reporting household, you must report the following changes:
  - o If the amount of money that comes into your household goes above the gross income limit $2,137.00 for your household size in a month, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household is an ABAWD (Able bodied Adult Without Dependents) whose hours go below an average 20 hours per week, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household wins $4,250.00 or more from the lottery or gambling, report this information 10 calendar days of the receipt of the winnings.
- Non-simplified reporting households are required to report changes within ten (10) days of the date the change becomes known to the household.

Households approved for SNAP will continue to receive them unless there is a change in their situation.

If your household is certified for 24 months you will need to provide a completed Mid-Certification Form in your 12th month of receiving SNAP.
You will need to complete a SNAP Renewal in September, 2024 to review your eligibility**.**
Before your eligibility ends, we will send you a letter telling you what to do to keep getting SNAP benefits.

You can continue to use your EBT benefits on your card until the SNAP benefits in your account are gone. We will permanently expunge unused SNAP benefits from your account after

nine months of inactivity. They will no longer be available after that time.

If you do not already have one, you will get an electronic benefit transfer (EBT) card in the mail in the next few days. EBT cards look like a debit or credit card. You use it to pay for groceries with your SNAP benefits or withdraw cash with your Families First benefits. Your EBT card will come with instructions about how to use it, how to set a personal identification number (PIN), and how to check the balance.

If you already have an EBT card, you can continue to use that card and PIN. Please keep this card it can be used in the future. If you have an EBT card and cannot find it, call EBT Customer Service at 1-888-997-9444 to request a replacement.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?
Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):
You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:
- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:
- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

You can talk about SNAP or Families First problems. This is a free call.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

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1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://www.fns.usda.gov/snap/state-directory.

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Tennessee Department of Human Services
Appeal Request

How long do I have to file an appeal? (All Calendar Days)

Program	Time Limit to Appeal	Time Limit to Appeal and have Benefits continued
SNAP	90 days from date of notice	10 days from date of notice
Families First	90 days from date of notice	10 days from date of notice
Child Care Services (Smart Steps)	10 days from date of notice	10 days from date of notice
Child Support	• 20 days from the date of service of the notice in licenses revocation proceedings • 15 days from the date of notice of administration action for all appeals	N/A
Vocational Rehabilitation	30 days from date of notice	N/A
Summer Food Program	10 days from the date on which the notice of action was received	N/A
Child and Adult Care Food Program	15 days from the date on which the notice of action was received	N/A
Summer EBT	Until November 13, 2024	N/A

Where do I send this form? Appeal forms may be filed with the Clerk's Office, the Division of Appeals & Hearings.

Mail: Department of Human Services
Appeals and Hearings Division
James K. Polk Building
505 Deaderick Street, 1st Floor
Nashville, TN 37243

Fax: (615) 248-7013
Phone: (833) 772-TDHS (8347)
Email: AppealsClerksOffice.DHS@tn.gov

What if I have questions?

Contact the Clerk's Office toll free at (833) 772-TDHS (8347) or 1-800-270-1349 (TTY), or call your local DHS office.

For a general list of issues that can be appealed, please visit Tenn.Comp.R.&Regs. 1240-05-03 Fair Hearing Requests and refer to the notice of the Department's action for further information regarding your appeal rights: https://publications.tnsosfiles.com/rules/1240/1240-05/1240-05-03.pdf

For Child Support appeal questions visit https://www.tn.gov/content/dam/tn/human-services/hs/hs-2997.pdf

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To file a complaint or ask questions, contact one of these offices:

HHS Office for Civil Rights,
Atlanta Federal Center
Suite 3B70 61Forsyth Street, SW
Atlanta, GA 30303-8909
(404) 562-7886; (404) 562-7881 (FAX); (404) 331-2867 (TDD)

USDA, Director, Office for Civil Rights
1400 Independence AVE, SW
Washington, DC 20250-9410
(800) 795-3272; (202) 720-6382 (TTY)

You may also contact the Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 14th Floor, 505 Deaderick St., Nashville, TN 37243, (833) 772-TDHS (8347).

Once you submit your appeal(s) to DHS, you will be unable to make any changes. If you have provided all required information and selected at least 1 program for appeal, your submitted appeal will be filed.

By signing, I understand:

- If I successfully submit my appeal(s) to DHS during a normal business day, my appeal filed date will be set to the current date/time (Central Time). Appeals received after 4:30 PM Central Time will be considered to be submitted the following business day. If I am submitting my appeal on a weekend or State Holiday, my appeal filed date will be adjusted to the next State business day.

Signature: Candice M Jacques (Appellant)

Date: 08/28/2024

Signature: Curstyn Molloy (Representative/Attorney)

Date: 08/28/2024

Program and Reason

Which Program(s) are you appealing?	**Appeal Tracking Number**
SNAP (Food Stamps)	2408431995
Additional Information:	
TCSES Number	N/A
Application Number	N/A
Date of Notice you are Appealing	N/A
When did you apply?	N/A
Why are you appealing?	Other
Tell us why you're appealing or what happened that you disagree with:	
I did not receive a renewal notice and, as a result my SNAP benefits were terminated in December of last year. I reapplied February 20, 2024 and was approved May 10th. My SNAP benefits were backdated to February 20, but my request for restoration of SNAP benefits for December 2023 through February 19, 2024 was denied without a hearing. I request an appeal so that I can have a hearing to get back those lost benefits for December 2023 through February 2024.	

Demographic Information

First Name	CANDICE
Middle Initial	M
Last Name	JACQUES
Suffix	N/A
Date of Birth	[redacted]1987
Gender	Female
Social Security Number	[redacted]-3999
Child First Name	N/A
Child Last Name	N/A
Child Date of Birth	N/A

Where You Live	Mailing Address
8200 Mc Crory Lane Apt 622 Nashville, Tennessee 37221, County - Davidson	8200 Mc Crory Lane Apt 622 Nashville, Tennessee 37221
What is your preferred language?	English
Do you need an interpreter in the hearing?	N/A
Do you need documents to be translated?	N/A
Cell Phone	913-526-7359
Cell Phone EXT	N/A
Home Phone	N/A
Home Phone EXT	N/A
Work Phone	N/A
Work Phone EXT	N/A
Email Id	candicejac@gmail.com
What is the best time to call you during the weekday?	**What is the best mode to contact you?**
Afternoon	Phone
Do you have a disability or Language barrier that requires an accommodation?	No
What type of assistance do you need?	N/A
If other, describe accommodation needed	N/A
Who is completing this application?	Someone Else
Do you want to add an Other Parent/Caretaker (if known)?	N/A
Other Parent /Caretaker First Name	N/A
Other Parent /Caretaker Last Name	N/A
(If Someone Else) First Name	Curstyn
(If Someone Else) Middle Initial	N/A
(If Someone Else) Last Name	Molloy
(If Someone Else) Home Phone	**(If Someone Else) Home Phone EXT**

N/A	N/A
(If Someone Else) Work Phone	**(If Someone Else) Work Phone EXT**
N/A	N/A
(If Someone Else) Cell Phone	**(If Someone Else) Cell Phone EXT**
615-870-5541	N/A
(If Someone Else) Relationship to the Appellant	Other

Notice Appealing For

Case Number / Program	116090791 / SNAP
Document Title / Date	N/A

Continuation of Benefits

I WANT to request for my benefits to continue until the hearing decision is made (this does not guarantee qualification). I understand that if the decision is not in my favor, I may have to pay back the benefits.	Yes
SNAP (Food Stamps)	Yes
Families First (TANF)	N/A
I DO NOT WANT my benefits continued while the hearing decision is pending.	N/A

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NASHVILLE TN 37221

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Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Candice M Jacques
Case Number: 116090791
Customer ID: 258121241
Date: 07/18/2024
Family Assistance Service Center: 1-866-311-4287

Manual Issuance

You will get extra SNAP.

There was a change in your case in the past. Because of this, you will get an extra one-time amount of $184.00. This is for February 20, 2024 through February 29, 2024.

What can you do about this:

Look at the yellow and blue pages to see how to appeal.

- If you are a Simplified Reporting household, you must report the following changes:
  - o If the amount of money that comes into your household goes above the gross income limit $2,137.00 for your household size in month, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household is an ABAWD (Able bodied Adult Without Dependents) whose hours go below an average 20 hours per week, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household wins $4,250.00 or more from the lottery or gambling, report this information 10 calendar days of the receipt of the winnings.
- Non-simplified reporting households are required to report changes within ten (10) days of the date the change becomes known to the household.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):

You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

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1. **mail:** Food and Nutrition Service, USDA;
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STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Candice M Jacques
Case Number: 116090791
Customer ID: 258121241
Date: 07/18/2024
Family Assistance Service Center: 1-866-311-4287

Manual Issuance

You will get extra SNAP.

There was a change in your case in the past. Because of this, you will get an extra one-time amount of $535.00. This is for March 01, 2024 through March 31, 2024.

What can you do about this:

Look at the yellow and blue pages to see how to appeal.

- If you are a Simplified Reporting household, you must report the following changes:
  - o If the amount of money that comes into your household goes above the gross income limit $2,137.00 for your household size in month, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household is an ABAWD (Able bodied Adult Without Dependents) whose hours go below an average 20 hours per week, you must contact us within the first ten (10) days of the month following the month the change occurred.
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Date: 07/18/2024
Family Assistance Service Center: 1-866-311-4287

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What can you do about this:

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You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://www.fns.usda.gov/snap/state-directory.

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR?s Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

DIVISION OF APPEALS AND HEARINGS
JAMES K. POLK BUILDING, 1ST FLOOR
505 DEADERICK STREET
NASHVILLE, TENNESSEE 37243
TELEPHONE: 833-772-8347 OR TTY: 711
FAX: (615) 248-7013

https://www.tn.gov/humanservices

CANDICE M JACQUES
8200 MCCRORY LN
APT 622
NASHVILLE TN 37221-5930

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: Candice M Jacques
Appeal Number: 2408431995
Customer ID: 258121241
Date: 09/20/2024

Appeal Resolution

Dear Candice M Jacques:

Your request for an administrative hearing has been received. The Tennessee Department of Human Services took action on January 02, 2024 and this appeal was filed on August 28, 2024.

State Rule 1240-5-3-.03(1) and 7 C.F.R. §273.15(j) provide that appeals or requests for a hearing will be accepted only if they are filed within the required time limit. The time limit for filing an appeal request regarding any action taken on a Supplemental Nutrition Assistance Program ("SNAP") case is 90 days. As this appeal request was not timely filed, the request cannot be accepted.

Mary-Glenn Hartup
Commissioner's Designee

P-Ex. 8

DECLARATION OF REZ'HANA MADDOX

Pursuant to 28 U.S.C. § 1746, Rez'hana Maddox declares as follows:

1. I am one of the named plaintiffs in the above-referenced action.

2. I know the factual allegations made in the Complaint about me and my family.

Those allegations are truthful.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at Nashville, Tennessee on January 8, 2025.

Respectfully submitted,

Rez'hana Maddox

Tennessee Department of Human Services
FAMILY ASSISTANCE APPLICATIONS

We will take your application with only your name, address, and signature. But the more you tell us, the faster we can see if you can get help. If you are approved, your benefits may start from the date we receive your application. In most cases you will need to talk with a TDHS worker to complete the application process.

You may be able to get SNAP in 7 days if:

1. Your household's monthly income is less than $150, and you now have resources of $100 or less.
2. Your shelter cost (plus utilities) is higher than your monthly income plus savings.
3. You do seasonal farm or migrant work.

If you have a disability that makes it hard for you to fill out or understand this application, we can help. We can call or visit you if you cannot come to our office. Clients may submit an application for benefits and certification materials applying online at https://onedhs.tn.gov, to their county office by mail, hand-delivery, or you may fax your application to your local county office.

Your application tracking number is **T50720520**. You will need this number if you want information about the status of your application.

Sign and Submit:

I swear under penalty of perjury (making false statements under oath) and all other applicable penalties that the statements made on this application, any attachments, and to whoever interviewed me are true and correct. All persons applying for or receiving aid are U.S. citizens, legal aliens, or eligible immigrants. I understand and agree to the rules and information given to me. If asked, I will give information that proves my statement, or I give TDHS permission to get proof. I understand I must report any changes the way TDHS tells me to. I understand that the information I provide will be subject to verification by federal, state, and local officials to determine if such information is factual.

Release: The State of Tennessee or people who work for it may need to prove the information I gave is true. By signing this paper, I am saying it is OK to get proof. This will let them decide if I can get SNAP or Families First. I am also saying that I have read and understand the Statement of Understanding.

Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to $250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/ Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else's card.

Signature of Client: ReZhana Maddox

Date: 08/05/2024 09:55:15

Head of Household

ReZhana Maddox | Age: 23			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
What is the language most commonly spoken in the household?		**If an interview is required will you need an interpreter?**	
English		No	
Do you consider yourself homeless?		**Which Tennessee County do you reside closest to?**	
No		N/A	
Do you need an EBT Card?			
No			
Where You live		**Mailing Address**	
185 Luna Dr Nashville, Tennessee 37211-4137, County - Davidson		N/A	
Home Phone	**Cell Phone**	**Work Phone**	**Email Id**
N/A	615-838-9486	N/A	rezhanamaddox01122001@gmail.com

What is the best time to call you during the weekday?	**What is the best mode to contact you?**	**Who is completing this application?**
Morning	Cell/Other Phone	Self
Do you have a disability or Language barrier that requires an accommodation?	**What type of assistance do you need?**	**If other, describe accommodation needed**
No	N/A	N/A
Are you registered to vote where you live now?	**Would you like to apply to register to vote here today ?**	**Do you want TDHS to mail a voter registration form to you?**
Yes	N/A	N/A

Federal and/or State Convictions

Your SNAP benefits may end if you:

- Give incorrect information or hide facts to get SNAP benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.

If you break these rules, you will not get SNAP benefits for:
1 year the first time, 2 years the second time, and forever the third time.

If you trade SNAP benefits for drugs. You can be cut off for:
2 years the first time and forever the second time.

You may be cut off SNAP forever if you're found guilty of:

- Trading SNAP benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);
- Selling SNAP benefits worth $500 or more.

Don't give incorrect information about who you are or where you live to receive multiple SNAP benefits. Giving incorrect information can keep you from getting SNAP benefits for 10 years.

Have you or anyone in your household been found guilty of receiving TANF (cash benefits) or SNAP benefits from two or more states at the same time?
No
Has anyone used TANF funds at the following establishments: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and/or licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories? (TANF only)
N/A
Have you or any household member been convicted of buying or selling SNAP benefits over $500?
No
Do you or anyone in your household have a felony conviction because of behavior related to the possession, use or distribution of a controlled drug substance after 08/22/96 (SNAP & TANF)?
No
Are you or any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a convicted felony crime or attempted felony crime, or may have violation(s) of such, or are not in compliance with the conditions of parole or probation?
No
Have you or any household member been convicted of trading SNAP benefits for drugs or controlled

substance?
No
Have you or any member of your household been convicted as an adult of aggravated sexual abuse, murder, sexual exploitation, and other abuse of children, a Federal or State offense involving sexual assault, or an offense under State law determined by the Attorney General to be substantially similar to such an offense, after February 7, 2014?
No
Has anyone you are applying for received SNAP & TANF from another state within the last 30 days?
No

Authorized Representative

Would you like to name an Authorized Representative at this time? No	
Authorized Representative Email	N/A
Home Phone	N/A
EXT	N/A
Cell/Other Phone	N/A
EXT	N/A
Work Phone	N/A
EXT	N/A
Authorized Representative Address	N/A
May apply for SNAP benefits for me?	N/A
May use my SNAP benefits for me?	N/A
May receive my SNAP benefits for me?	N/A
May apply for Families First benefits for me?	N/A
May use my Families First benefits for me?	N/A
May receive my Families First benefits for me?	N/A

Expedited SNAP Benefits

Do you have $100 or less in cash or in the bank?	Yes
How much cash or money in the bank do you have?	$0.00
Do you get less than $150 a month in income or other benefits (such as employment, social security, or child support)?	No
How much money do you get a month in income or other benefits (such as employment, social security, or child support)?	$600.00
Is your income plus your savings this month less than your shelter costs (for example: rent, mortgage, utilities)?	Yes
How much do you pay in rent/mortgage?	$250.00
What type of Utility Expense(s) do you pay? (Multi-Select)	Telephone
Is someone in your household a migrant or seasonal farm worker?	No

People In Your Home

ReZhana Maddox | Age: 23			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity		Non-Hispanic	
Gender		Female	
Date of birth		[redacted]/2001	
Social Security Number		[redacted]-6398	
Marital Status		Single	
US Citizen?		Yes	
If No, what is this individual's A-number?		N/A	
Is this individual pregnant?		Yes	
Pregnancy Due Date		03/03/2025	
What is this individual's education status?		Not in school	
Type of School		N/A	
Where is the individual currently attending school?		N/A	
Current number of credit hours		N/A	
Type of pending degree/certification		N/A	
Disability		No	
Race		White, Black	
What is this individual's living arrangement?		At Home	
If not in the home, when did this living arrangement begin?		N/A	
Is this individual actively serving in the military?		No	
Is this individual actively serving in the military reserve?		No	
Enter the location/duty:		N/A	

Relationship to Head of Household	Self

Employment Information

ReZhana Maddox - Nashville Shores			
Employer Phone Number	**Employment Start Date**	**How often is this individual paid?**	**Hourly Wage**
615-569-5626	06/23/2024	Bi-weekly	$12.50
Hours per week	**Does this individual still have this job?**	**Date of last payment**	**Amount of last payment**
25	Yes	N/A	N/A
Employer Address			
4001 bell rd Hermitage, Tennessee 37076			

Self-Employment Information

Is anyone in the household self-employed? No				
Type of Self-Employment	**Monthly Income**	**Hours per week**	**How much income (before taxes) will this individual earn annually?**	**What is this individual's annual expenses related to this self-employment?**
N/A	N/A	N/A	N/A	N/A

Other Income Information

Does anyone in the household get income from another source? No			
Type of Income	**First Payment Date**	**How often is this individual paid?**	**Claim ID**
N/A	N/A	N/A	N/A
How much does this individual receive each time?		**How much income (before taxes) does this individual receive from this source a month?**	
N/A		N/A	

Cash Resource Information

Does anyone in the household have cash? No
How much cash does this person have?
N/A

Checking and Saving Account Resource Information

Does anyone in the household have a checking or savings account? No	
Type of Account	**Total Balance**
N/A	N/A

Certificate of Deposit Resource Information

Does anyone in the household have certificates of deposit? No
Total Balance
N/A

Stocks, Bonds and Mutual Funds Resource Information

Does anyone in the household have stocks, bonds, or mutual funds? No	
Type	**What is the value?**
N/A	N/A

Retirement Resource Information

Does anyone in the household have a retirement account? No
What is the Balance?
N/A

Other Resource Information

Does anyone in the household have any other resources? No	
Resource Type	**What is the Value?**
N/A	N/A

Joint Account

Are any of these accounts joint accounts? No
Are any of these Joint Accounts?
No

Child Care Expense Information

Does anyone in the household have Child Care Expenses? No	
How often is this Child Care Expense paid?	N/A
Amount paid each time?	N/A
Who provides this Child Care?	N/A
Child Care Provider Name	N/A

Shelter Expenses Information

ReZhana Maddox	
Shelter Expense Type	Rent
How often is the Shelter Expense paid?	Monthly
Amount paid each time?	$250.00

Utility Expenses Information

ReZhana Maddox	
Does this Utility Expense include heating or cooling costs?	Yes
Utility Expense Type(s):	Telephone
Monthly Amount	$50.00

Medical Expense Information

Does anyone in the household have Medical Expenses? No	
Type of Medical Expense	N/A
How often is the Medical Expense paid?	N/A
Amount paid each time?	N/A

Child Support Payments Information

Does anyone in the household make Child Support Payments for a child not in the household? No
Monthly Amount
N/A

Permission To Release School Attendance Records

I (client) give permission for the school attendance records of children on this application to be released to the Tennessee Department of Human Services by the Tennessee Department of Education or my child's school. The Department of Human Services will use these records, including social security numbers to help me meet my Families First Responsibilities. The records will be destroyed when they are no longer needed.
Yes
Are you willing to comply with child support?
N/A

Non-Discrimination

TDHS is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to

USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

You may also write Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 505 Deaderick Street, Nashville, TN 37243, (615) 313-4700.

Penalties For SNAP Violations:

Your SNAP/Food Stamp benefits may end if you:

- Give incorrect information or hide facts to get SNAP benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.

If you break these rules, you will not get SNAP/Food Stamp benefits for:

- First Offense: 1 year of no SNAP benefits;
- Second Offense: 2 Years of no SNAP benefits;
- Third Offense: You will NEVER be eligible for SNAP benefits.

If you trade SNAP/Food Stamp benefits for drugs/controlled substances. You can be cut off for:

- First Offense: 2 years of no SNAP benefits;
- Second Offense: You will NEVER be eligible for SNAP benefits again.

You'll be cut off the SNAP/Food Stamp Program forever if you're found guilty of:

- Trading SNAP/Food Stamp benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);
- Selling SNAP/Food Stamp benefits worth $500 or more.

Don't give incorrect information about who you are or where you live to receive multiple SNAP/Food Stamp benefits. Giving incorrect information can keep you from getting SNAP/Food Stamp benefits for 10 years.

Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to $250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else's card.

Penalties For Families First Violations:

Your Families First benefits may end if you:

- Give incorrect information or hide facts to get Families First benefits;
- Use your Benefit Security Card (EBT Card) in a prohibited location: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories.

If you give incorrect information, you will not be ineligible for Families First benefits for:

- First Offense: 6 months of no Families First benefits;
- Second Offense: 1 year of no Families First benefits;
- Third Offense: You will NEVER be eligible for Families First benefits.

You will not get Families First benefits for ten (10) years if you get cash assistance payments in two (2) states at the same time.

Fair Hearing Appeal Policy

You have the right to appeal any action or decision made by this agency. A Fair Hearing will allow you to explain how you feel the action or decision did not follow policy. The Fair Hearing officer will decide if the policy was correctly followed or not followed by the agency. Individuals who wish to appeal must complete and submit the HS-3058 Consolidated Appeal Request Form within ten (10) calendar days of the denial or termination notice.

If you request a Fair Hearing within ten (10) calendar days following the action or decision, you may choose to continue receiving child care payment assistance during the appeal process. If you request a Fair Hearing after ten (10) calendar days from the date of the action or decision, child care payment

assistance will not continue to be paid during the appeal process. If you do choose to continue receiving child care payment assistance during the Fair Hearing process and it is later decided that you were not eligible for payment assistance, you will be required to repay the full amount of child care payment assistance you were not entitled to receive.

You will not be penalized or treated unfairly by your Child Care Specialist or other Certificate Program staff for requesting a Fair Hearing. You may bring a friend, relative or lawyer to the Fair Hearing to speak on your behalf.

Drug Screening Information:

Effective July 1, 2014, state law requires the Department of Human Services (DHS) to screen any cash assistance applicant eighteen (18) years of age or older(or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative), who is otherwise eligible for cash assistance, for the use of a controlled substances. In a two (2)-parent household, only one (1) parent, the applicant, will be screened. T.C.A. § 71-3-1202.

These controlled substances include the following:

- Marijuana (cannabis, pot, weed, etc.);
- Cocaine (coke, blow, crack, rock, etc.);
- Methamphetamine/Amphetamine type stimulants (speed, meth, ecstasy, X, ice, etc.);
- Opiates (heroin, morphine, methadone, opium, Buprenorphine, codeine, etc.).

If your screening results indicate that you use controlled substances, you will be required to take a drug test.
If you are currently taking a prescription medication, which you believe may contain any of the above controlled substances, you may provide verification of the valid prescription to the Medical Review Officer after taking the drug test. No drug for which an individual has a current and valid prescription shall be the basis for denial of cash assistance. T.C.A. § 71-3-1202(d)(2).

If you are required to take a drug test and your results are positive, you will be required to submit to a substance abuse evaluation and may be required to undergo substance abuse treatment. If you fail to submit to a substance abuse evaluation or undergo required substance abuse treatment, your needs will be removed from the household, and your cash assistance benefits will be reduced. T.C.A. § 71-3-1202(h).

Each Families First/TANF applicant age eighteen (18) or older (or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative) must answer the questions contained on this form.

Important Information

- **You will be denied benefits until you submit this form and DHS determines you can receive benefits.**
- **You will be notified if DHS does not receive this completed form, other necessary information, and/or any necessary drug test by the stated deadline.**

YOU WILL BE DENIED BENEFITS IF:

- **You do not fill out this form completely and return it by the requested date.**
- **You fail or refuse to take a drug test, if required, based on your answers on this form.**
- **You do not provide other information necessary to determine your eligibility, including the results of a drug test, if necessary.**

Use Of Drug Screening And Test Results

By law, all information regarding this screening form and any drug testing results you may have are confidential and will not be released to law enforcement and cannot be used in any criminal proceedings.

However, **any evidence discovered as a result of this screening, or as a result of a later drug test, that the Department determines supports a reasonable cause to believe that parental abuse, sexual abuse, or neglect of a child has occurred, is required by state law to be reported to the Department of Children's Services,** and can be used in any civil court proceeding involving the protection and custody of that child or in any permanency proceeding in court involving foster care of that child or termination of parental rights to that child. In addition, this information can be used by the Department in any appeal you may file to find out if DHS has made a mistake in determining if you can get TANF/Families First benefits, or it can be used in any civil or administrative matter that concerns defense of a case filed by you against the Department or the drug testing agency. T.C.A. § 71-3-1204.

DAVIDSON CO. DEPT. OF HUMAN SERVICES
227 FRENCH LANDING DRIVE
FIRST FLOOR
NASHVILLE, TN 37228-1605

https://www.tn.gov/humanservices

REZHANA L MADDOX
185 LUNA DR
NASHVILLE TN 37211-4137

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Rezhana L Maddox
Case Number: 112381988
Customer ID: 218571279
Date: 08/26/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

SNAP

You applied for Supplemental Nutrition Assistance Program (SNAP) benefits on August 05, 2024. This letter is to let you know that we made a decision regarding your application.

Your application for SNAP benefits has been denied for the following reason(s):

Reason
A mandatory member refused or failed to verify required information for Liquid Resources

We have denied your request for SNAP benefits because you did not provide the information, we need to process your application. We call this information proof. It proves that what you stated in your application is correct. We need this proof to help us decide if you can get SNAP benefits.

What can you do?
Act now.

You may provide verifications on or before the September 04, 2024. Verifications can be provided on before the October 04, 2024, but you may not receive as much SNAP. After the October 04, 2024 your previous application will be expired, and you will need to submit a new application for SNAP.

We need only one document for each type of information, even if the information is needed for more than one program. Here is what we need:

Verification Not Received
Liquid Resources

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):

You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:

- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:

- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or

2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https:// www.fns.usda.gov/snap/state-directory.

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR?s Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

SNAP and Families First Verification Checklist

The verifications below are needed at interview to timely process your case.

Below we have listed some information that may need to be verified before your application can be completed. We've listed some of the papers you can use as proof. There may be other kinds of proof you can use.

To verify your identity

- ☐ Driver's license
- ☐ School or work identification
- ☐ Voter's registration card
- ☐ Birth certificate
- ☐ Passport
- ☐ Resident Alien Card
- ☐ I-94 Card

To verify your address

- ☐ Property tax statement
- ☐ Homeowners or renters insurance
- ☐ Current utility bills
- ☐ Rent or mortgage receipts showing address
- ☐ Mail sent to stated address

To verify your income (provide a document for each income source)

- ☐ Check stubs
- ☐ Award letters
- ☐ Employer statement (if you get paid in cash or if you do not have your check stubs)
- ☐ Social Security, Supplemental Security Income, or Veteran's Benefits
- ☐ Other Retirement or Disability Benefits
- ☐ Child Support Agreement or Receipts
- ☐ Unemployment compensation
- ☐ W-2 forms

To verify your citizenship or alien status

- ☐ Immigration and Naturalization Documents
- ☐ Birth certificate
- ☐ US passport
- ☐ Certificate of US citizenship

To verify your resources

- ☐ Bank statements for checking/savings accounts
- ☐ Stock shares, bonds, and/or CDs
- ☐ Proof of rental properties
- ☐ Titles for non-household transportation and Recreational vehicles
- ☐ Titles for vehicles (Families First Only)

To verify your expenses (SNAP Only)

- ☐ Rent or mortgage payments
- ☐ Property taxes
- ☐ Insurance on property
- ☐ Utilities receipts (gas, water, electricity, etc.)
- ☐ Child care costs
- ☐ Child support payments

Medical expenses not covered by insurance (SNAP only deduction for households of elderly, age 60+, or disabled persons)

- ☐ Summary of provided services such as doctor or hospital visits
- ☐ Detailed receipts showing unreimbursed medical expenses
- ☐ Prescription ledger showing cost of prescriptions on the printout
- ☐ Medical payment agreement
- ☐ Invoices or receipts for medical equipment (including the rental cost)

Other Verifications (Families First Only)

- ☐ Age (e.g., birth certificate)
- ☐ School attendance/grades
- ☐ Immunizations and health checks

Need to report a change? Have Questions? Need help? The Family Assistance Service Center (FASC) is here to help Monday-Friday, 8:00 a.m. - 4:30 p.m. 1-866-311-4287

Tennessee Department of Human Services
Appeal Request

How long do I have to file an appeal? (All Calendar Days)

Program	Time Limit to Appeal	Time Limit to Appeal and have Benefits continued
SNAP	90 days from date of notice	10 days from date of notice
Families First	90 days from date of notice	10 days from date of notice
Child Care Services (Smart Steps)	10 days from date of notice	10 days from date of notice
Child Support	• 20 days from the date of service of the notice in licenses revocation proceedings • 15 days from the date of notice of administration action for all appeals	N/A
Vocational Rehabilitation	30 days from date of notice	N/A
Summer Food Program	10 days from the date on which the notice of action was received	N/A
Child and Adult Care Food Program	15 days from the date on which the notice of action was received	N/A
Summer EBT	Until November 13, 2024	N/A

Where do I send this form? Appeal forms may be filed with the Clerk's Office, the Division of Appeals & Hearings.

Mail: Department of Human Services
Appeals and Hearings Division
James K. Polk Building
505 Deaderick Street, 1st Floor
Nashville, TN 37243

Fax: (615) 248-7013
Phone: (833) 772-TDHS (8347)
Email: AppealsClerksOffice.DHS@tn.gov

What if I have questions?

Contact the Clerk's Office toll free at (833) 772-TDHS (8347) or 1-800-270-1349 (TTY), or call your local DHS office.

For a general list of issues that can be appealed, please visit Tenn.Comp.R.&Regs. 1240-05-03 Fair Hearing Requests and refer to the notice of the Department's action for further information regarding your appeal rights: https://publications.tnsosfiles.com/rules/1240/1240-05/1240-05-03.pdf

For Child Support appeal questions visit https://www.tn.gov/content/dam/tn/human-services/hs/hs-2997.pdf

In accordance with federal law and the policy of the U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS), this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint or ask questions, contact one of these offices:

HHS Office for Civil Rights,
Atlanta Federal Center
Suite 3B70 61Forsyth Street, SW
Atlanta, GA 30303-8909
(404) 562-7886; (404) 562-7881 (FAX); (404) 331-2867 (TDD)

USDA, Director, Office for Civil Rights
1400 Independence AVE, SW
Washington, DC 20250-9410
(800) 795-3272; (202) 720-6382 (TTY)

You may also contact the Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 14th Floor, 505 Deaderick St., Nashville, TN 37243, (833) 772-TDHS (8347).

Once you submit your appeal(s) to DHS, you will be unable to make any changes. If you have provided all required information and selected at least 1 program for appeal, your submitted appeal will be filed.

By signing, I understand:

- If I successfully submit my appeal(s) to DHS during a normal business day, my appeal filed date will be set to the current date/time (Central Time). Appeals received after 4:30 PM Central Time will be considered to be submitted the following business day. If I am submitting my appeal on a weekend or State Holiday, my appeal filed date will be adjusted to the next State business day.

Signature: ReZhana L Maddox (Appellant)

Date: 09/20/2024

Program and Reason

Which Program(s) are you appealing?	**Appeal Tracking Number**
SNAP (Food Stamps)	2409437302
Additional Information:	
TCSES Number	N/A
Application Number	N/A
Date of Notice you are Appealing	09/20/2024
When did you apply?	07/17/2024
Why are you appealing?	Changes in Level of Benefits
Tell us why you're appealing or what happened that you disagree with:	
I'm four months pregnant and it says I'm approved for $0 I am currently not working so I don't know what happened I was approved for $291 and it just changed before I was set to receive my food stamps	

Demographic Information

First Name	REZHANA
Middle Initial	L
Last Name	MADDOX
Suffix	N/A
Date of Birth	[redacted]/2001
Gender	Female
Social Security Number	[redacted]-6398
Child First Name	N/A
Child Last Name	N/A
Child Date of Birth	N/A
Where You Live	**Mailing Address**

185 Luna Dr Nashville, Tennessee 37211-4137, County - Davidson	185 Luna Dr Nashville, Tennessee 37211-4137
What is your preferred language?	English
Do you need an interpreter in the hearing?	N/A
Do you need documents to be translated?	N/A
Cell Phone	615-838-9486
Cell Phone EXT	N/A
Home Phone	N/A
Home Phone EXT	N/A
Work Phone	N/A
Work Phone EXT	N/A
Email Id	rezhanamaddox01122001@gmail.com
What is the best time to call you during the weekday?	**What is the best mode to contact you?**
Afternoon	Phone
Do you have a disability or Language barrier that requires an accommodation?	No
What type of assistance do you need?	N/A
If other, describe accommodation needed	N/A
Who is completing this application?	Self
Do you want to add an Other Parent/Caretaker (if known)?	N/A
Other Parent /Caretaker First Name	N/A
Other Parent /Caretaker Last Name	N/A
(If Someone Else) First Name	N/A
(If Someone Else) Middle Initial	N/A
(If Someone Else) Last Name	N/A
(If Someone Else) Home Phone	**(If Someone Else) Home Phone EXT**
N/A	N/A
(If Someone Else) Work Phone	**(If Someone Else) Work Phone EXT**

N/A	N/A
(If Someone Else) Cell Phone	**(If Someone Else) Cell Phone EXT**
N/A	N/A
(If Someone Else) Relationship to the Appellant	N/A

Notice Appealing For

Case Number / Program	112381988 / SNAP
Document Title / Date	Notice of Decision - Approval and Denial / 06/13/2024

Continuation of Benefits

I WANT to request for my benefits to continue until the hearing decision is made (this does not guarantee qualification). I understand that if the decision is not in my favor, I may have to pay back the benefits.	Yes
SNAP (Food Stamps)	Yes
Families First (TANF)	N/A
I DO NOT WANT my benefits continued while the hearing decision is pending.	N/A

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You may also contact the Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 14th Floor, 505 Deaderick Street, Nashville, TN 37243, (833) 772-TDHS (8347).

DIVISION OF APPEALS AND HEARINGS
JAMES K. POLK BUILDING, 1ST FLOOR
505 DEADERICK STREET
NASHVILLE, TENNESSEE 37243
TELEPHONE: 833-772-8347 OR TTY: 711
FAX: (615) 248-7013

https://www.tn.gov/humanservices

REZHANA MADDOX
185 LUNA DR
NASHVILLE TN 37211-4137

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: Rezhana Maddox
Appeal Number: 2409437302
Customer ID: 218571279
Date: 12/30/2024

Notice of Hearing

You asked for a SNAP appeal. Your Hearing will be before a DHS Administrative Judge. You can have an attorney represent you. Your local Legal Services office can tell you if you can get free or low cost legal help.

DATE: 01/09/2025

TIME: 01:00 PM CST / 02:00 PM EST

PLACE: DHS Davidson County - James K. Polk Building- FA
505 Deaderick Street (Check in at Security Desk)
1st floor
Nashville Tennessee 37243

Do you have an attorney who will help you with your appeal? If so, tell them to send us a letter that they will be helping you with your appeal. It should include your name and docket number. If you do not tell us you have an attorney, your appeal may take longer.

This may be sent by mail to:

Department of Human Services
Division of Appeals and Hearings
James K. Polk Building, 1st Floor
505 Deaderick Street
Nashville, Tennessee 37243

Or you can fax your letter to us at (615) 248-7013 or (866) 355-6136 **or e-mail us at** AppealsClerksOffice.DHS@tn.gov.

Your hearing will be done in a docket call. This means that everyone scheduled for a hearing that day is told to come at the same time. How long the hearings last will depend on how many people show up that day. Please bring a photo I.D. You may need to show it to the security guard.

ISSUE: (Appellant) is a Tennessee resident whose application for Supplemental Nutrition Assistance Program (SNAP) benefits was denied.

FACTS OF THE CASE: The Appellant applied for SNAP benefits through the Department of Human Services (DHS). The Appellant's application for SNAP benefits was denied. DHS

records reflect that the Appellant failed to submit all requested verifications by the required deadline for the purposes of SNAP eligibility.

LEGAL AUTHORITY: Tenn. Comp. R. & Regs. 1240-1-14, Tenn. Comp. R. & Regs. 1240-1-16

If you would like further information regarding the legal authority listed above, you can visit the following websites:
https://www.ecfr.gov/cgi-bin/ECFR?page=browse
https://www.govinfo.gov/app/collection/uscode
http://www.lexisnexis.com/hottopics/tncode/
https://publications.tnsosfiles.com/rules/1200/1200.htm
https://publications.tnsosfiles.com/rules/1240/1240.htm

Our contact information for all administrative appeal purposes is by phone at (833-772-8347) or TTY (711) or by e-mail at AppealsClerksOffice.DHS@tn.gov or by fax at (615) 248-7013 or (866) 355-6136.The mailing address is:

Department of Human Services
Division of Appeals and Hearings
James K. Polk Building, 1st Floor
505 Deaderick Street
Nashville, Tennessee 37243

This case is adjudicated under Tennessee Code Annotated Section 4-5-301, et seq. and State Rule 1240-05-01, et seq. If you wish to read the rules the County Office used, they will be shown to you at the County Office if you ask or you can look at them online at the following web address (look for the rule cited above as the legal authority):
https://publications.tnsosfiles.com/rules/1240/1240.htm

At the Hearing, you or someone you tell to come and talk for you will be given a chance to:

(a) look at all papers and records to be used at the Hearing unless specifically excluded as confidential medical information by your healthcare provider;

(b) present your case through witnesses and written evidence or have it presented by your lawyer or other person you want to help you;

(c) bring people such as members of your family who know your situation;

(d) tell your side of the story;

(e) tell why you think any testimony or evidence is wrong; and,

(f) give evidence that tells your side of the story.

Both parties to this Hearing should be ready to present their case, with all evidence that tells their side of the story, on the scheduled Hearing date. Should you wish to subpoena a person or persons, or documents, please call (833-772-8347) or TTY (711) or e-mail us at AppealsClerksOffice.DHS@tn.gov.

If you cannot participate at the Hearing as scheduled, please e-mail us at AppealsClerksOffice.DHS@tn.gov, or call (833-772-8347) or TTY (711), or send us a fax at (615) 248-7013 or (866) 355-6136 to request a continuance. You will receive a response by

phone, letter, and/or by e-mail.

If you want a lawyer and cannot pay for one, you can ask for free legal help at the closest Tennessee Legal Services Program or Legal Aid Office. They can be reached at one of the phone numbers below:

Legal Aid Society of Middle Tennessee and the Cumberlands	"(800) 238-1443" or TTY (711)
Legal Aid of East Tennessee	"(865) 637-0484" or TTY (711)
West TN Legal Services, Inc.	"(731) 423-0616" or TTY (711)
Memphis Area Legal Services, Inc.	"(901) 523-8822" or TTY (711)

You might be able to get legal help that does not cost very much through your local Bar Association or Lawyer Referral Service.

One or more of the witnesses for the Department of Human Services may testify at the hearing by telephone unless you object in writing by fax, mail, or email (contact information provided above).

Your written objection must be received in the Division of Appeals and Hearings at least five (5) calendar days before your scheduled hearing date.

If the DHS Administrative Judge does not hear from you, we will see you on January 09, 2025.

Tennessee Department of Human Services

Withdrawal of Appeal for Fair Hearing

DIVISION OF APPEALS AND HEARINGS

I HAVE CHANGED MY MIND AND I WANT TO WITHDRAW MY APPEAL.
I DO NOT WANT A HEARING.

If you **do not** want to proceed with your appeal, you can visit the Customer Portal https://OneDHS.tn.gov and submit your withdrawal online, or you may send us an email stating you wish to withdraw your appeal, or you may fill out, sign, and return this form, or send us a letter to the address below so it will reach the Department of Human Services at least two (2) days prior to your scheduled hearing.

Department of Human Services
Division of Appeals and Hearings
James K. Polk Building, 1st Floor
505 Deaderick Street
Nashville, Tennessee 37243
Fax: (615) 248-7013 or (866) 355-6136
Email to: AppealsClerksOffice.DHS@tn.gov

Name: Rezhana Maddox

Scheduled Hearing Date: 01/09/2025

Appeal Number: 2409437302

TCSES Number (If Child Support Case):

Signature: _____ Date: _____

THIS FORM SHOULD ONLY BE RETURNED TO DHS IF YOU NO LONGER WANT A HEARING. YOUR APPEAL WILL BE CLOSED UPON TIMELY RECEIPT OF THIS COMPLETED FORM BY DHS.

Tennessee Department of Human Services
FAMILY ASSISTANCE APPLICATIONS

We will take your application with only your name, address, and signature. But the more you tell us, the faster we can see if you can get help. If you are approved, your benefits may start from the date we receive your application. In most cases you will need to talk with a TDHS worker to complete the application process.

You may be able to get SNAP in 7 days if:

1. Your household's monthly income is less than $150, and you now have resources of $100 or less.
2. Your shelter cost (plus utilities) is higher than your monthly income plus savings.
3. You do seasonal farm or migrant work.

If you have a disability that makes it hard for you to fill out or understand this application, we can help. We can call or visit you if you cannot come to our office. Clients may submit an application for benefits and certification materials applying online at https://onedhs.tn.gov, to their county office by mail, hand-delivery, or you may fax your application to your local county office.

Your application tracking number is **T50974621**. You will need this number if you want information about the status of your application.

Sign and Submit:

I swear under penalty of perjury (making false statements under oath) and all other applicable penalties that the statements made on this application, any attachments, and to whoever interviewed me are true and correct. All persons applying for or receiving aid are U.S. citizens, legal aliens, or eligible immigrants. I understand and agree to the rules and information given to me. If asked, I will give information that proves my statement, or I give TDHS permission to get proof. I understand I must report any changes the way TDHS tells me to. I understand that the information I provide will be subject to verification by federal, state, and local officials to determine if such information is factual.

Release: The State of Tennessee or people who work for it may need to prove the information I gave is true. By signing this paper, I am saying it is OK to get proof. This will let them decide if I can get SNAP or Families First. I am also saying that I have read and understand the Statement of Understanding.

Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to $250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/ Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else's card.

Signature of Client: ReZhana Maddox

Date: 11/15/2024 14:10:56

Head of Household

ReZhana Maddox | Age: 23			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
What is the language most commonly spoken in the household?		**If an interview is required will you need an interpreter?**	
English		No	
Do you consider yourself homeless?		**Which Tennessee County do you reside closest to?**	
No		N/A	
Do you need an EBT Card?			
No			
Where You live		**Mailing Address**	
185 Luna Dr Nashville, Tennessee 37211-4137, County - Davidson		N/A	
Home Phone	**Cell Phone**	**Work Phone**	**Email Id**
615-294-2128	615-838-9486	615-838-9486	rezhanamaddox01122001@gmail.com

What is the best time to call you during the weekday?	**What is the best mode to contact you?**	**Who is completing this application?**
Morning	Cell/Other Phone	Self
Do you have a disability or Language barrier that requires an accommodation?	**What type of assistance do you need?**	**If other, describe accommodation needed**
No	N/A	N/A
Are you registered to vote where you live now?	**Would you like to apply to register to vote here today ?**	**Do you want TDHS to mail a voter registration form to you?**
Yes	N/A	N/A

Federal and/or State Convictions

Your SNAP benefits may end if you:

- Give incorrect information or hide facts to get SNAP benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.

If you break these rules, you will not get SNAP benefits for:
1 year the first time, 2 years the second time, and forever the third time.

If you trade SNAP benefits for drugs. You can be cut off for:
2 years the first time and forever the second time.

You may be cut off SNAP forever if you're found guilty of:

- Trading SNAP benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);
- Selling SNAP benefits worth $500 or more.

Don't give incorrect information about who you are or where you live to receive multiple SNAP benefits. Giving incorrect information can keep you from getting SNAP benefits for 10 years.

Have you or anyone in your household been found guilty of receiving TANF (cash benefits) or SNAP benefits from two or more states at the same time?
No
Has anyone used TANF funds at the following establishments: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and/or licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories? (TANF only)
N/A
Have you or any household member been convicted of buying or selling SNAP benefits over $500?
No
Do you or anyone in your household have a felony conviction because of behavior related to the possession, use or distribution of a controlled drug substance after 08/22/96 (SNAP & TANF)?
No
Are you or any member of your household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail, for a convicted felony crime or attempted felony crime, or may have violation(s) of such, or are not in compliance with the conditions of parole or probation?
No
Have you or any household member been convicted of trading SNAP benefits for drugs or controlled

substance?
No
Have you or any member of your household been convicted as an adult of aggravated sexual abuse, murder, sexual exploitation, and other abuse of children, a Federal or State offense involving sexual assault, or an offense under State law determined by the Attorney General to be substantially similar to such an offense, after February 7, 2014?
No
Has anyone you are applying for received SNAP & TANF from another state within the last 30 days?
No

Authorized Representative

Would you like to name an Authorized Representative at this time? No	
Authorized Representative Email	N/A
Home Phone	N/A
EXT	N/A
Cell/Other Phone	N/A
EXT	N/A
Work Phone	N/A
EXT	N/A
Authorized Representative Address	N/A
May apply for SNAP benefits for me?	N/A
May use my SNAP benefits for me?	N/A
May receive my SNAP benefits for me?	N/A
May apply for Families First benefits for me?	N/A
May use my Families First benefits for me?	N/A
May receive my Families First benefits for me?	N/A

Expedited SNAP Benefits

Do you have $100 or less in cash or in the bank?	Yes
How much cash or money in the bank do you have?	$0.00
Do you get less than $150 a month in income or other benefits (such as employment, social security, or child support)?	Yes
How much money do you get a month in income or other benefits (such as employment, social security, or child support)?	$0.00
Is your income plus your savings this month less than your shelter costs (for example: rent, mortgage, utilities)?	Yes
How much do you pay in rent/mortgage?	$200.00
What type of Utility Expense(s) do you pay? (Multi-Select)	Heating/Cooling, Telephone
Is someone in your household a migrant or seasonal farm worker?	N/A

People In Your Home

ReZhana Maddox | Age: 23			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
Ethnicity	Non-Hispanic		
Gender	Female		
Date of birth	[redacted]/2001		
Social Security Number	[redacted]-6398		
Marital Status	Single		
US Citizen?	Yes		
If No, what is this individual's A-number?	N/A		
Is this individual pregnant?	Yes		
Pregnancy Due Date	03/03/2025		
What is this individual's education status?	Not in school		
Type of School	N/A		
Where is the individual currently attending school?	N/A		
Current number of credit hours	N/A		
Type of pending degree/certification	N/A		
Disability	No		
Race	Black		
What is this individual's living arrangement?	At Home		
If not in the home, when did this living arrangement begin?	N/A		
Is this individual actively serving in the military?	No		
Is this individual actively serving in the military reserve?	No		
Enter the location/duty:	N/A		

Relationship to Head of Household	Self

Employment Information

Does anyone in the household have a job? No			
Employer Phone Number	**Employment Start Date**	**How often is this individual paid?**	**Hourly Wage**
N/A	N/A	N/A	N/A
Hours per week	**Does this individual still have this job?**	**Date of last payment**	**Amount of last payment**
N/A	N/A	N/A	N/A
Employer Address			
N/A			

Self-Employment Information

Is anyone in the household self-employed? No				
Type of Self-Employment	**Monthly Income**	**Hours per week**	**How much income (before taxes) will this individual earn annually?**	**What is this individual's annual expenses related to this self-employment?**
N/A	N/A	N/A	N/A	N/A

Other Income Information

Does anyone in the household get income from another source? No			
Type of Income	**First Payment Date**	**How often is this individual paid?**	**Claim ID**
N/A	N/A	N/A	N/A
How much does this individual receive each time?		**How much income (before taxes) does this individual receive from this source a month?**	
N/A		N/A	

Cash Resource Information

Does anyone in the household have cash? No
How much cash does this person have?
N/A

Checking and Saving Account Resource Information

ReZhana Maddox, 23Y	
Type of Account	**Total Balance**
Checking	$0.00

ReZhana Maddox, 23Y	
Type of Account	**Total Balance**
Checking	$0.00

Certificate of Deposit Resource Information

Does anyone in the household have certificates of deposit? No
Total Balance
N/A

Stocks, Bonds and Mutual Funds Resource Information

Does anyone in the household have stocks, bonds, or mutual funds? No	
Type	**What is the value?**
N/A	N/A

Retirement Resource Information

Does anyone in the household have a retirement account? No

What is the Balance?
N/A

Other Resource Information

Does anyone in the household have any other resources? No	
Resource Type	**What is the Value?**
N/A	N/A

Joint Account

Are any of these accounts joint accounts? No
Are any of these Joint Accounts?
No

Child Care Expense Information

Does anyone in the household have Child Care Expenses? No	
How often is this Child Care Expense paid?	N/A
Amount paid each time?	N/A
Who provides this Child Care?	N/A
Child Care Provider Name	N/A

Shelter Expenses Information

ReZhana Maddox, 23Y	
Shelter Expense Type	Rent
How often is the Shelter Expense paid?	Monthly
Amount paid each time?	$200.00

Utility Expenses Information

ReZhana Maddox, 23Y	
Does this Utility Expense include heating or cooling costs?	Yes
Utility Expense Type(s):	Telephone
Monthly Amount	$50.00

Medical Expense Information

Does anyone in the household have Medical Expenses? No	
Type of Medical Expense	N/A
How often is the Medical Expense paid?	N/A
Amount paid each time?	N/A

Child Support Payments Information

Does anyone in the household make Child Support Payments for a child not in the household? No
Monthly Amount
N/A

Permission To Release School Attendance Records

I (client) give permission for the school attendance records of children on this application to be released to the Tennessee Department of Human Services by the Tennessee Department of Education or my child's school. The Department of Human Services will use these records, including social security numbers to help me meet my Families First Responsibilities. The records will be destroyed when they are no longer needed.
N/A
Are you willing to comply with child support?
N/A

Non-Discrimination

TDHS is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to

USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

You may also write Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 505 Deaderick Street, Nashville, TN 37243, (615) 313-4700.

Penalties For SNAP Violations:

Your SNAP/Food Stamp benefits may end if you:

- Give incorrect information or hide facts to get SNAP benefits;
- Use someone else's Benefit Security Card without their permission;
- Buy things with SNAP benefits like beer, cigarettes, or soap or pay on credit accounts.

If you break these rules, you will not get SNAP/Food Stamp benefits for:

- First Offense: 1 year of no SNAP benefits;
- Second Offense: 2 Years of no SNAP benefits;
- Third Offense: You will NEVER be eligible for SNAP benefits.

If you trade SNAP/Food Stamp benefits for drugs/controlled substances. You can be cut off for:

- First Offense: 2 years of no SNAP benefits;
- Second Offense: You will NEVER be eligible for SNAP benefits again.

You'll be cut off the SNAP/Food Stamp Program forever if you're found guilty of:

- Trading SNAP/Food Stamp benefits for guns, ammunition, or explosives or controlled substances (illegal drugs);
- Selling SNAP/Food Stamp benefits worth $500 or more.

Don't give incorrect information about who you are or where you live to receive multiple SNAP/Food Stamp benefits. Giving incorrect information can keep you from getting SNAP/Food Stamp benefits for 10 years.

Any member who breaks any of the rules on purpose can be barred from the SNAP/Food Stamp program for one year to permanently, fined up to $250,000, imprisoned up to 20 years or both. He or She may also be subject to prosecution under other applicable Federal and State laws. He or she may be barred from the SNAP/Food Stamp program for an additional 18 months if court ordered. Do not trade or sell EBT cards, or use someone else's card.

Penalties For Families First Violations:

Your Families First benefits may end if you:

- Give incorrect information or hide facts to get Families First benefits;
- Use your Benefit Security Card (EBT Card) in a prohibited location: liquor stores, casinos, poker rooms, adult entertainment business, bingo halls, race tracks, and licensed retail stores that derive their largest sales from loose tobacco, cigars, cigarettes, pipes, and other smoking accessories.

If you give incorrect information, you will not be ineligible for Families First benefits for:

- First Offense: 6 months of no Families First benefits;
- Second Offense: 1 year of no Families First benefits;
- Third Offense: You will NEVER be eligible for Families First benefits.

You will not get Families First benefits for ten (10) years if you get cash assistance payments in two (2) states at the same time.

Fair Hearing Appeal Policy

You have the right to appeal any action or decision made by this agency. A Fair Hearing will allow you to explain how you feel the action or decision did not follow policy. The Fair Hearing officer will decide if the policy was correctly followed or not followed by the agency. Individuals who wish to appeal must complete and submit the HS-3058 Consolidated Appeal Request Form within ten (10) calendar days of the denial or termination notice.

If you request a Fair Hearing within ten (10) calendar days following the action or decision, you may choose to continue receiving child care payment assistance during the appeal process. If you request a Fair Hearing after ten (10) calendar days from the date of the action or decision, child care payment

assistance will not continue to be paid during the appeal process. If you do choose to continue receiving child care payment assistance during the Fair Hearing process and it is later decided that you were not eligible for payment assistance, you will be required to repay the full amount of child care payment assistance you were not entitled to receive.

You will not be penalized or treated unfairly by your Child Care Specialist or other Certificate Program staff for requesting a Fair Hearing. You may bring a friend, relative or lawyer to the Fair Hearing to speak on your behalf.

Drug Screening Information:

Effective July 1, 2014, state law requires the Department of Human Services (DHS) to screen any cash assistance applicant eighteen (18) years of age or older(or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative), who is otherwise eligible for cash assistance, for the use of a controlled substances. In a two (2)-parent household, only one (1) parent, the applicant, will be screened. T.C.A. § 71-3-1202.

These controlled substances include the following:

- Marijuana (cannabis, pot, weed, etc.);
- Cocaine (coke, blow, crack, rock, etc.);
- Methamphetamine/Amphetamine type stimulants (speed, meth, ecstasy, X, ice, etc.);
- Opiates (heroin, morphine, methadone, opium, Buprenorphine, codeine, etc.).

If your screening results indicate that you use controlled substances, you will be required to take a drug test.
If you are currently taking a prescription medication, which you believe may contain any of the above controlled substances, you may provide verification of the valid prescription to the Medical Review Officer after taking the drug test. No drug for which an individual has a current and valid prescription shall be the basis for denial of cash assistance. T.C.A. § 71-3-1202(d)(2).

If you are required to take a drug test and your results are positive, you will be required to submit to a substance abuse evaluation and may be required to undergo substance abuse treatment. If you fail to submit to a substance abuse evaluation or undergo required substance abuse treatment, your needs will be removed from the household, and your cash assistance benefits will be reduced. T.C.A. § 71-3-1202(h).

Each Families First/TANF applicant age eighteen (18) or older (or minor parent who does not reside with a parent, legal guardian, or other adult caretaker relative) must answer the questions contained on this form.

Important Information

- **You will be denied benefits until you submit this form and DHS determines you can receive benefits.**
- **You will be notified if DHS does not receive this completed form, other necessary information, and/or any necessary drug test by the stated deadline.**

YOU WILL BE DENIED BENEFITS IF:

- **You do not fill out this form completely and return it by the requested date.**
- **You fail or refuse to take a drug test, if required, based on your answers on this form.**
- **You do not provide other information necessary to determine your eligibility, including the results of a drug test, if necessary.**

Use Of Drug Screening And Test Results

By law, all information regarding this screening form and any drug testing results you may have are confidential and will not be released to law enforcement and cannot be used in any criminal proceedings.

However, **any evidence discovered as a result of this screening, or as a result of a later drug test, that the Department determines supports a reasonable cause to believe that parental abuse, sexual abuse, or neglect of a child has occurred, is required by state law to be reported to the Department of Children's Services,** and can be used in any civil court proceeding involving the protection and custody of that child or in any permanency proceeding in court involving foster care of that child or termination of parental rights to that child. In addition, this information can be used by the Department in any appeal you may file to find out if DHS has made a mistake in determining if you can get TANF/Families First benefits, or it can be used in any civil or administrative matter that concerns defense of a case filed by you against the Department or the drug testing agency. T.C.A. § 71-3-1204.

DAVIDSON CO. DEPT. OF HUMAN SERVICES
227 FRENCH LANDING DRIVE
FIRST FLOOR
NASHVILLE, TN 37228-1605

https://www.tn.gov/humanservices

REZHANA MADDOX
185 LUNA DR
NASHVILLE TN 37211-4137

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Rezhana Maddox
Case Number: 112381988
Customer ID: 218571279
Date: 11/25/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

SNAP

Your application for SNAP benefits has been completed. You have been determined eligible for SNAP for the months of November 2024 through April 2025.

Your first allotment for the months of November 2024 and December 2024 will be $447.00 and then you will receive $292.00 each month.

Please note that if you applied after the first day of the month, your first month of benefits is a partial benefit.

Your first month's SNAP benefits will be available once you receive your Electronic Benefits Transfer (EBT) card or if you already have a card, they will be available immediately.
You will receive your benefit on the 20th day of each month.

- If you are a Simplified Reporting household, you must report the following changes:
  - o If the amount of money that comes into your household goes above the gross income limit $1,632.00 for your household size in a month, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household is an ABAWD (Able bodied Adult Without Dependents) whose hours go below an average 20 hours per week, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household wins $4,500.00 or more from the lottery or gambling, report this information 10 calendar days of the receipt of the winnings.
- Non-simplified reporting households are required to report changes within ten (10) days of the date the change becomes known to the household.

Households approved for SNAP will continue to receive them unless there is a change in their situation.

If your household is certified for 24 months you will need to provide a completed Mid-Certification Form in your 12th month of receiving SNAP.
You will need to complete a SNAP Renewal in April, 2025 to review your eligibility**.** Before your eligibility ends, we will send you a letter telling you what to do to keep getting SNAP benefits.

You can continue to use your EBT benefits on your card until the SNAP benefits in your

account are gone. We will permanently expunge unused SNAP benefits from your account after nine months of inactivity. They will no longer be available after that time.

If you do not already have one, you will get an electronic benefit transfer (EBT) card in the mail in the next few days. EBT cards look like a debit or credit card. You use it to pay for groceries with your SNAP benefits or withdraw cash with your Families First benefits. Your EBT card will come with instructions about how to use it, how to set a personal identification number (PIN), and how to check the balance.

If you already have an EBT card, you can continue to use that card and PIN. Please keep this card it can be used in the future. If you have an EBT card and cannot find it, call EBT Customer Service at 1-888-997-9444 to request a replacement.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?
Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):
You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:
- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:
- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https:// www.fns.usda.gov/snap/state-directory.

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR?s Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

DIVISION OF APPEALS AND HEARINGS
JAMES K. POLK BUILDING, 1ST FLOOR
505 DEADERICK STREET
NASHVILLE, TENNESSEE 37243
TELEPHONE: 833-772-8347 OR TTY: 711
FAX: (615) 248-7013

https://www.tn.gov/humanservices

REZHANA MADDOX
185 LUNA DRIVE NASHVILLE
NASHVILLE TN 37211

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Rezhana Maddox
Appeal Number: 2412452983
Customer ID: 218571279
Date: 12/13/2024

Appeal Resolution

Dear Rezhana Maddox:

This letter is to follow up on your appeal regarding the Changes In / Level Of Benefits for SNAP.

After researching your case, it has been determined that your SNAP benefits were terminated on 08/31/2024. On you were reapproved for SNAP benefits effective November 15, 2024, with a Notice of Decision mailed November 25, 2024. On December 11/2024 the Department issued SNAP auxiliary payments in the amount of $720 which includes: $291 for September 2024, $292 for October 2024, and $137 for November 1, 2024, through November 14, 2024, as you already received $155 for November 15, 2024, through November 30, 2024. Notices regarding these issuances mailed December 12, 2024. There is no gap in benefits.

We believe we worked out the problem that caused your appeal. Since we have fixed your problem, we no longer believe a hearing will be necessary. If you are satisfied with what we did to work out your problem, you do not need to do anything else.

Do you still want a hearing? If you still want a hearing, please let us know you still want a hearing by emailing us at AppealsClerksOffice.DHS@tn.gov or by calling (833-772-8347) or TTY (711). You can also fax a request to (615) 248-7013 or (866) 355-6136 or by mail to:

Department of Human Services
Division of Appeals and Hearings
James K. Polk Building 1st Floor
505 Deaderick Street
Nashville, Tennessee, 37243

If we do not hear from you within 10 days, we will think that you do not want a hearing and your appeal file will be closed.

Department of Human Services
Division of Appeals and Hearings
James K. Polk Building, 1st Floor
ATTN: Clerk's Office
505 Deaderick Street
Nashville, Tennessee 37243-8996
Phone: (833-772-8347) or TTY (711)
Fax: (615) 248-7013
E-mail: AppealsClerksOffice.DHS@tn.gov

Tennessee Department of Human Services
Appeal Request

How long do I have to file an appeal? (All Calendar Days)

Program	Time Limit to Appeal	Time Limit to Appeal and have Benefits continued
SNAP	90 days from date of notice	10 days from date of notice
Families First	90 days from date of notice	10 days from date of notice
Child Care Services (Smart Steps)	10 days from date of notice	10 days from date of notice
Child Support	• 20 days from the date of service of the notice in licenses revocation proceedings • 15 days from the date of notice of administration action for all appeals	N/A
Vocational Rehabilitation	30 days from date of notice	N/A
Summer Food Program	10 days from the date on which the notice of action was received	N/A
Child and Adult Care Food Program	15 days from the date on which the notice of action was received	N/A

Where do I send this form? Appeal forms may be filed with the Clerk's Office, the Division of Appeals & Hearings.

Mail: Department of Human Services
Appeals and Hearings Division
James K. Polk Building
505 Deaderick Street, 1st Floor
Nashville, TN 37243

Fax: (615) 248-7013
Phone: (833) 772-TDHS (8347)
Email: AppealsClerksOffice.DHS@tn.gov

What if I have questions?

Contact the Clerk's Office toll free at (833) 772-TDHS (8347) or 1-800-270-1349 (TTY), or call your local DHS office.

For a general list of issues that can be appealed, please visit Tenn.Comp.R.&Regs. 1240-05-03 Fair Hearing Requests and refer to the notice of the Department's action for further information regarding your appeal rights: https://publications.tnsosfiles.com/rules/1240/1240-05/1240-05-03.pdf

For Child Support appeal questions visit https://www.tn.gov/content/dam/tn/human-services/hs/hs-2997.pdf

In accordance with federal law and the policy of the U.S. Department of Agriculture (USDA) and U.S.

Department of Health and Human Services (HHS), this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a complaint or ask questions, contact one of these offices:

HHS Office for Civil Rights,
Atlanta Federal Center
Suite 3B70 61Forsyth Street, SW
Atlanta, GA 30303-8909
(404) 562-7886; (404) 562-7881 (FAX); (404) 331-2867 (TDD)

USDA, Director, Office for Civil Rights
1400 Independence AVE, SW
Washington, DC 20250-9410
(800) 795-3272; (202) 720-6382 (TTY)

You may also contact the Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 14th Floor, 505 Deaderick St., Nashville, TN 37243, (833) 772-TDHS (8347).

Once you submit your appeal(s) to DHS, you will be unable to make any changes. If you have provided all required information and selected at least 1 program for appeal, your submitted appeal will be filed.

By signing, I understand:

- If I successfully submit my appeal(s) to DHS during a normal business day, my appeal filed date will be set to the current date/time (Central Time). Appeals received after 4:30 PM Central Time will be considered to be submitted the following business day. If I am submitting my appeal on a weekend or State Holiday, my appeal filed date will be adjusted to the next State business day.

Signature: Rezhana Maddox (Appellant)

Date: 12/09/2024

Signature: Curstyn Molloy (Representative/Attorney)

Date: 12/09/2024

Program and Reason

Which Program(s) are you appealing?	**Appeal Tracking Number**
SNAP (Food Stamps)	2412452983
Additional Information:	
TCSES Number	N/A
Application Number	N/A
Date of Notice you are Appealing	N/A
When did you apply?	N/A
Why are you appealing?	Termination
Tell us why you're appealing or what happened that you disagree with:	
Was unexpectedly terminated in July of 2024, reapplied several times, about one application a month. DHS continued to request a new application without explanation. Finally approved after multiple applications were submitted as of November 15th, but was not back paid to the previous applications.	

Demographic Information

First Name	REZHANA
Middle Initial	N/A
Last Name	MADDOX
Suffix	N/A
Date of Birth	[redacted]/2001
Gender	Female
Social Security Number	[redacted]-6398
Child First Name	N/A
Child Last Name	N/A
Child Date of Birth	N/A
Where You Live	**Mailing Address**

185 Luna Drive Nashville Nashville, Tennessee 37211, County - Davidson	185 Luna Drive Nashville Nashville, Tennessee 37211
What is your preferred language?	English
Do you need an interpreter in the hearing?	N/A
Do you need documents to be translated?	N/A
Cell Phone	615-838-9486
Cell Phone EXT	N/A
Home Phone	N/A
Home Phone EXT	N/A
Work Phone	N/A
Work Phone EXT	N/A
Email Id	rezhanamaddox01122001@gmail.com
What is the best time to call you during the weekday?	**What is the best mode to contact you?**
Morning	Phone
Do you have a disability or Language barrier that requires an accommodation?	No
What type of assistance do you need?	N/A
If other, describe accommodation needed	N/A
Who is completing this application?	Someone Else
Do you want to add an Other Parent/Caretaker (if known)?	N/A
Other Parent /Caretaker First Name	N/A
Other Parent /Caretaker Last Name	N/A
(If Someone Else) First Name	Curstyn
(If Someone Else) Middle Initial	N/A
(If Someone Else) Last Name	Molloy
(If Someone Else) Home Phone	**(If Someone Else) Home Phone EXT**
N/A	N/A
(If Someone Else) Work Phone	**(If Someone Else) Work Phone EXT**

615-846-4706	N/A
(If Someone Else) Cell Phone	**(If Someone Else) Cell Phone EXT**
615-846-4706	N/A
(If Someone Else) Relationship to the Appellant	Other

Notice Appealing For

Case Number / Program	112381988 / SNAP
Document Title / Date	Notice of Decision - Approval and Denial / 06/13/2024

Continuation of Benefits

I WANT to request for my benefits to continue until the hearing decision is made (this does not guarantee qualification). I understand that if the decision is not in my favor, I may have to pay back the benefits.	N/A
SNAP (Food Stamps)	N/A
Families First (TANF)	N/A
I DO NOT WANT my benefits continued while the hearing decision is pending.	Yes

In accordance with federal law and the policy of the U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS), this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. Under the Food Stamp Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs. To file a complaint or ask questions, contact one of these offices: HHS Office for Civil Rights, Atlanta Federal Center, Ste 3B70, 61 Forsyth Street, SW, Atlanta, GA 30303-8909, (404) 562-7886; (404) 562-7881 (FAX); (404) 331-2867 (TDD); USDA, Director, Office for Civil Rights, 1400 Independence Av, SW, Washington, DC 20250-9410; (800) 795-3272; (202) 720-6382 (TTY).

You may also contact the Tennessee Department of Human Services, Office of General Counsel, Compliance Officer, James K. Polk Building, 14th Floor, 505 Deaderick Street, Nashville, TN 37243, (833) 772-TDHS (8347).

P-Ex. 9

DECLARATION OF SHERAY OMINYI

Pursuant to 28 U.S.C. § 1746, Sheray Ominyi declares as follows:

1. I am one of the named plaintiffs in the above-referenced action.

2. I know the factual allegations made in the Complaint about me and my family.

Those allegations are truthful.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at Nashville, Tennessee on January 7, 2025.

Respectfully submitted,

Sheray Ominyi (Jan 7, 2025 17:14 CST)

Sheray Ominyi

To whom it may concern,

I am writing to appeal my Snap benefits for the month of June 2024. I have received documents stating that I had $1,581.00 earned income for the month of June and $848.00 unearned income for the month of June 2024. And both are incorrect I have my bank statements and can get my check stubs showing the correct amounts for both. For the month of June the total amount for earned income is $0.00 and the total amount for unearned income is $523.61.

For the month of May 2024, earned income was $54.47 and unearned income was 1,031.

For the month of April 2024, earned income was $679.65 and the amount of unearned income was $585.50

So this is why I am appealing my Snap benefits case for the incorrect earning amounts and will be able to provide supporting documents.

I am also appealing my Snap benefits case because I was verbally told by one of the agents at the DHS office in Nashville that I had a phone interview to recertify

on June 2nd 2024 in which I did not receive a letter, nor phone call for this interview. When I asked to have a copy for this phone interview, it was not dated for June 2 2024 but for June 3 2024. I would like to appeal this also because I was not contacted by letter, nor by phone.

Thank you

Sincerely

Sheray Owings

DAVIDSON CO. DEPT. OF HUMAN SERVICES
227 FRENCH LANDING DRIVE
FIRST FLOOR
NASHVILLE, TN 37228-1605

https://www.tn.gov/humanservices

SHERAY OMINYI
1716 ROSA L PKS BLVD
NASHVILLE TN 37208-2102

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Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Sheray Ominyi
Case Number: 204134702
Customer ID: 978782001
Date: 08/09/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

SNAP

Your SNAP case will be terminated on June 30, 2024 for the following reason(s):

Reason
You missed your renewal interview appointment

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?
Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):
You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:

- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:

- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

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You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

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participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

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CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://www.fns.usda.gov/snap/state-directory.

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR?s Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email:

OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

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SHERAY OMINYI
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STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Sheray Ominyi
Case Number: 204134702
Customer ID: 978782001
Date: 09/19/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

SNAP

You applied for Supplemental Nutrition Assistance Program (SNAP) benefits on August 27, 2024. This letter is to let you know that we made a decision regarding your application.

Your application for SNAP benefits has been denied for the following reason(s):

Reason
A mandatory member refused or failed to verify required information for Earned Income, Loss of employment

We have denied your request for SNAP benefits because you did not provide the information, we need to process your application. We call this information proof. It proves that what you stated in your application is correct. We need this proof to help us decide if you can get SNAP benefits.

What can you do?
Act now.

You may provide verifications on or before the September 26, 2024. Verifications can be provided on before the October 26, 2024, but you may not receive as much SNAP. After the October 26, 2024 your previous application will be expired, and you will need to submit a new application for SNAP.

We need only one document for each type of information, even if the information is needed for more than one program. Here is what we need:

Verification Not Received
Earned Income
Loss of employment

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):
You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

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- We can help you do it, or
- We can change what you have to do.

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- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

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CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

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1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https:// www.fns.usda.gov/snap/state-directory.

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SNAP and Families First Verification Checklist

The verifications below are needed at interview to timely process your case.

Below we have listed some information that may need to be verified before your application can be completed. We've listed some of the papers you can use as proof. There may be other kinds of proof you can use.

To verify your identity

- ☐ Driver's license
- ☐ School or work identification
- ☐ Voter's registration card
- ☐ Birth certificate
- ☐ Passport
- ☐ Resident Alien Card
- ☐ I-94 Card

To verify your address

- ☐ Property tax statement
- ☐ Homeowners or renters insurance
- ☐ Current utility bills
- ☐ Rent or mortgage receipts showing address
- ☐ Mail sent to stated address

To verify your income (provide a document for each income source)

- ☐ Check stubs
- ☐ Award letters
- ☐ Employer statement (if you get paid in cash or if you do not have your check stubs)
- ☐ Social Security, Supplemental Security Income, or Veteran's Benefits
- ☐ Other Retirement or Disability Benefits
- ☐ Child Support Agreement or Receipts
- ☐ Unemployment compensation
- ☐ W-2 forms

To verify your citizenship or alien status

- ☐ Immigration and Naturalization Documents
- ☐ Birth certificate
- ☐ US passport
- ☐ Certificate of US citizenship

To verify your resources

- ☐ Bank statements for checking/savings accounts
- ☐ Stock shares, bonds, and/or CDs
- ☐ Proof of rental properties
- ☐ Titles for non-household transportation and Recreational vehicles
- ☐ Titles for vehicles (Families First Only)

To verify your expenses (SNAP Only)

- ☐ Rent or mortgage payments
- ☐ Property taxes
- ☐ Insurance on property
- ☐ Utilities receipts (gas, water, electricity, etc.)
- ☐ Child care costs
- ☐ Child support payments

Medical expenses not covered by insurance (SNAP only deduction for households of elderly, age 60+, or disabled persons)

- ☐ Summary of provided services such as doctor or hospital visits
- ☐ Detailed receipts showing unreimbursed medical expenses
- ☐ Prescription ledger showing cost of prescriptions on the printout
- ☐ Medical payment agreement
- ☐ Invoices or receipts for medical equipment (including the rental cost)

Other Verifications (Families First Only)

- ☐ Age (e.g., birth certificate)
- ☐ School attendance/grades
- ☐ Immunizations and health checks

Need to report a change? Have Questions? Need help? The Family Assistance Service Center (FASC) is here to help Monday-Friday, 8:00 a.m. - 4:30 p.m. 1-866-244-4287

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227 FRENCH LANDING DRIVE
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https://www.tn.gov/humanservices

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STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Sheray Ominyi
Case Number: 204134702
Customer ID: 978782001
Date: 09/27/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

SNAP

You applied for Supplemental Nutrition Assistance Program (SNAP) benefits on September 16, 2024. This letter is to let you know that we made a decision regarding your application.

Your application for SNAP benefits has been denied for the following reason(s):

Reason
There are no eligible members in your household.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):

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1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
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DIVISION OF APPEALS AND HEARINGS
JAMES K. POLK BUILDING, 1ST FLOOR
505 DEADERICK STREET
NASHVILLE, TENNESSEE 37243
TELEPHONE: 833-772-8347 OR TTY: 711
FAX: (615) 248-7013

https://www.tn.gov/humanservices

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STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: Sheray Ominyi
Appeal Number: 2408424075
Customer ID: 978782001
Date: 10/29/2024

Notice of Hearing

You asked for a SNAP appeal. Your Hearing will be before a DHS Administrative Judge. You can have an attorney represent you. Your local Legal Services office can tell you if you can get free or low cost legal help.

DATE: 11/08/2024

TIME: 09:00 AM CST / 10:00 AM EST

PLACE: DHS Davidson County - James K. Polk Building- FA
505 Deaderick Street (Check in at Security Desk)
1st floor
Nashville Tennessee 37243

Do you have an attorney who will help you with your appeal? If so, tell them to send us a letter that they will be helping you with your appeal. It should include your name and docket number. If you do not tell us you have an attorney, your appeal may take longer.

This may be sent by mail to:

Department of Human Services
Division of Appeals and Hearings
James K. Polk Building, 1st Floor
505 Deaderick Street
Nashville, Tennessee 37243

Or you can fax your letter to us at (615) 248-7013 or (866) 355-6136 **or e-mail us at** AppealsClerksOffice.DHS@tn.gov.

Your hearing will be done in a docket call. This means that everyone scheduled for a hearing that day is told to come at the same time. How long the hearings last will depend on how many people show up that day. Please bring a photo I.D. You may need to show it to the security guard.

ISSUE: (Appellant) is a Tennessee resident appealing the status of his/her Supplemental Nutrition Assistance Program (SNAP) benefits application.

FACTS OF THE CASE: The Appellant submitted an application for SNAP benefits through the Department of Human Services (DHS).

LEGAL AUTHORITY: Tenn. Comp. R. & Regs. 1240-1-14, Tenn. Comp. R. & Regs. 1240-1-19, Tenn. Comp. R. & Regs. 1240-1-17

If you would like further information regarding the legal authority listed above, you can visit the following websites:
https://www.ecfr.gov/cgi-bin/ECFR?page=browse
https://www.govinfo.gov/app/collection/uscode
http://www.lexisnexis.com/hottopics/tncode/
https://publications.tnsosfiles.com/rules/1200/1200.htm
https://publications.tnsosfiles.com/rules/1240/1240.htm

Our contact information for all administrative appeal purposes is by phone at (833-772-8347) or TTY (711) or by e-mail at AppealsClerksOffice.DHS@tn.gov or by fax at (615) 248-7013 or (866) 355-6136.The mailing address is:

Department of Human Services
Division of Appeals and Hearings
James K. Polk Building, 1st Floor
505 Deaderick Street
Nashville, Tennessee 37243

This case is adjudicated under Tennessee Code Annotated Section 4-5-301, et seq. and State Rule 1240-05-01, et seq. If you wish to read the rules the County Office used, they will be shown to you at the County Office if you ask or you can look at them online at the following web address (look for the rule cited above as the legal authority):
https://publications.tnsosfiles.com/rules/1240/1240.htm

At the Hearing, you or someone you tell to come and talk for you will be given a chance to:

(a) look at all papers and records to be used at the Hearing unless specifically excluded as confidential medical information by your healthcare provider;

(b) present your case through witnesses and written evidence or have it presented by your lawyer or other person you want to help you;

(c) bring people such as members of your family who know your situation;

(d) tell your side of the story;

(e) tell why you think any testimony or evidence is wrong; and,

(f) give evidence that tells your side of the story.

Both parties to this Hearing should be ready to present their case, with all evidence that tells their side of the story, on the scheduled Hearing date. Should you wish to subpoena a person or persons, or documents, please call (833-772-8347) or TTY (711) or e-mail us at AppealsClerksOffice.DHS@tn.gov.

If you cannot participate at the Hearing as scheduled, please e-mail us at AppealsClerksOffice.DHS@tn.gov, or call (833-772-8347) or TTY (711), or send us a fax at (615) 248-7013 or (866) 355-6136 to request a continuance. You will receive a response by phone, letter, and/or by e-mail.

If you want a lawyer and cannot pay for one, you can ask for free legal help at the closest Tennessee Legal Services Program or Legal Aid Office. They can be reached at one of the phone

numbers below:

Legal Aid Society of Middle Tennessee and the Cumberlands	"(800) 238-1443" or TTY (711)
Legal Aid of East Tennessee	"(865) 637-0484" or TTY (711)
West TN Legal Services, Inc.	"(731) 423-0616" or TTY (711)
Memphis Area Legal Services, Inc.	"(901) 523-8822" or TTY (711)

You might be able to get legal help that does not cost very much through your local Bar Association or Lawyer Referral Service.

One or more of the witnesses for the Department of Human Services may testify at the hearing by telephone unless you object in writing by fax, mail, or email (contact information provided above).

Your written objection must be received in the Division of Appeals and Hearings at least five (5) calendar days before your scheduled hearing date.

If the DHS Administrative Judge does not hear from you, we will see you on November 08, 2024.

Tennessee Department of Human Services

Withdrawal of Appeal for Fair Hearing

DIVISION OF APPEALS AND HEARINGS

I HAVE CHANGED MY MIND AND I WANT TO WITHDRAW MY APPEAL.
I DO NOT WANT A HEARING.

If you **do not** want to proceed with your appeal, you can visit the Customer Portal https://OneDHS.tn.gov and submit your withdrawal online, or you may send us an email stating you wish to withdraw your appeal, or you may fill out, sign, and return this form, or send us a letter to the address below so it will reach the Department of Human Services at least two (2) days prior to your scheduled hearing.

Department of Human Services
Division of Appeals and Hearings
James K. Polk Building, 1st Floor
505 Deaderick Street
Nashville, Tennessee 37243
Fax: (615) 248-7013 or (866) 355-6136
Email to: AppealsClerksOffice.DHS@tn.gov

Name: Sheray Ominyi

Scheduled Hearing Date: 11/08/2024

Appeal Number: 2408424075

TCSES Number (If Child Support Case):

Signature: _____ Date: _____

THIS FORM SHOULD ONLY BE RETURNED TO DHS IF YOU NO LONGER WANT A HEARING. YOUR APPEAL WILL BE CLOSED UPON TIMELY RECEIPT OF THIS COMPLETED FORM BY DHS.

DIVISION OF APPEALS AND HEARINGS
JAMES K. POLK BUILDING, 1ST FLOOR
505 DEADERICK STREET
NASHVILLE, TENNESSEE 37243
TELEPHONE: 833-772-8347 OR TTY: 711
FAX: (615) 248-7013

https://www.tn.gov/humanservices

SHERAY OMINYI
1411 IRELAND ST A
NASHVILLE TN 37208

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Sheray Ominyi
Appeal Number: 2408424075
Customer ID: 978782001
Date: 11/12/2024

Attached is an Order issued in your appeal.

William Tallent
DHS Administrative Judge

HOW TO FILE A PETITION OR APPEAL OF THE ORDER

Review of Initial Order

This Initial Order shall become a Final Order (reviewable as set forth below) fifteen (15) days after the entry date of this Initial Order (Tenn. Code Ann. § 4-5-314[b]), unless either or both of the following actions are taken:

(1) A party files a petition of appeal to the Department of Human Services (the Department), in writing stating the specific reasons why the Initial Order was incorrect, within fifteen (15) days after the entry date of the Initial Order. If this action occurs, there is no Final Order until review by the Department and entry of a new Final Order or adoption and entry of the Initial Order, in whole or in part, as the Final Order. A petition of appeal to the Department must be filed within the proper time period either by email at **AppealsClerksOffice.DHS@tn.gov** or by mail with the Division of Appeals and Hearings, Department of Human Services, ATTN: Commissioner's Designee, 505 Deaderick Street, Nashville, TN 37243 or you can fax your petition to us at (615) 248-7013. See Tenn. Code Ann. § 4-5-315 and Tenn. Comp. R. & Reg. 1240-05-09.

(2) A party files a petition for reconsideration of the Initial Order to the DHS Administrative Judge, in writing stating the specific reasons why the Initial Order was incorrect, within fifteen (15) days after the entry date of the Initial Order. This petition must be filed with the DHS Administrative Judge who entered the Initial Order either by e-mail at **AppealsClerksOffice.DHS@tn.gov** or by mail with the Division of Appeals and Hearings, Department of Human Services, ATTN: DHS Administrative Judge, 505 Deaderick Street, Nashville, TN 37243 or you can fax your petition to us at (615) 248-7013. A petition for reconsideration of the Initial Order is deemed denied by law if no action is taken within twenty (20) days of filing. A new fifteen (15) day period for the filing of an appeal to the Department (as set forth in paragraph (1) above) starts to run from the entry date of an order disposing of a petition for reconsideration, or from the twentieth day after the filing date of the petition, if no order is issued. See Tenn. Code Ann. §4-5-317 and Tenn. Comp. R. & Reg. 1240-05-05-.02 & Regs. 1240-05-09 on petitions for reconsideration. If the petition for reconsideration of the Initial Order is either denied by order of the DHS Administrative Judge or deemed denied by law and a petition of appeal of the Initial Order is not timely filed, the Initial Order shall become a Final Order by operation of law fifteen (15) days after the entry date of the order denying the

petition for reconsideration or the date the petition for reconsideration was deemed denied.

Review of Final Order

Within fifteen (15) days after entry of a Final Order, a party may file a petition for reconsideration of the Final Order, in which the petitioner shall state the specific reasons why the Final Order was incorrect. A petition for reconsideration of a Final Order is not permitted when the order became a Final Order by operation of law. The petition must be filed in writing with the Division of Appeals and Hearings by e-mail at **AppealsClerksOffice.DHS@tn.gov** or by mail with the Division of Appeals and Hearings, Department of Human Services, ATTN: Commissioner's Designee, 505 Deaderick Street, Nashville, TN 37243 or you can fax your petition to us at (615) 248-7013. If no action is taken within twenty (20) days of filing of the petition of the Final Order, it is deemed denied. See Tenn. Code Ann. §4-5-317 on petitions for reconsideration.

A party may petition the Department for a stay of the Final Order within seven (7) days after the entry date of the order. See Tenn. Code Ann. §4-5-316. The petition for stay of the Final Order must be filed in writing with the Division of Appeals and Hearings by e-mail at **AppealsClerksOffice.DHS@tn.gov** or by mail at the address in section (1) above or you can fax your petition to us at (615) 248-7013.

YOU WILL NOT RECEIVE FURTHER NOTICE OF THE INITIAL ORDER BECOMING A FINAL ORDER

Further, an appellant who is aggrieved by the Final Order may petition the court for judicial review in Chancery Court of the county of residence or in Davidson County within sixty (60) days of the entry date of the Final Order. See Tenn. Code Ann. §4-5-317 and Tenn. Code Ann. §4-5-322.

CC: SNAP Program Area

Jonathon A Shannon, Program Coordinator, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

SHERAY OMINYI, APPELLANT

v.

TENNESSEE DEPARTMENT OF HUMAN SERVICES

DEFAULT INITIAL ORDER

On July 2, 2024, the Appellant, Sheray Ominyi, requested a fair hearing regarding the processing status of her Supplemental Nutrition Assistance Program (SNAP) application. The hearing was subsequently scheduled for November 8, 2024, before DHS Administrative Judge William E. Tallent, however, the Appellant was not present on the scheduled hearing date.

On October 28, 2024, the Department of Human Services (Department) mailed the Notice of Hearing (NOH), via FedEx, to the Appellant's address of record. The Department's records show that at least four (4) delivery attempts were made before the NOH was made available for pickup on November 1, 2024. The Appellant did not pick up the NOH before it was returned as undeliverable on November 5, 2024. The Department has no other address for the Appellant and has no indication that the Appellant does not receive mail at this address. Therefore, service of the NOH is sufficient as a matter of law. Tenn. Comp. R. & Regs. 1240-05-04-.01(4). Due to the Appellant's failure to appear after sufficient service of the NOH, the Appellant is in default. 7 C.F.R. § 273.15(j)(1)(ii) and Tenn. Comp. R. & Regs. 1240-05-05-.04(1)(a).

As the Appellant is seeking to change the administrative action taken by the Department, the Appellant has the burden of proof. Tenn. Comp. R. & Regs. 1240-05-02-.01(1)(k)3. The Appellant's burden has not been met, and the Department's actions stand. Tenn. Comp. R. & Regs. 1240-05-05-.04(1)(b)1.

This order is entered and effective as of the date shown on the first page.

William E. Tallent
DHS Administrative Judge

DIVISION OF APPEALS AND HEARINGS
JAMES K. POLK BUILDING, 1ST FLOOR
505 DEADERICK STREET
NASHVILLE, TENNESSEE 37243
TELEPHONE: 833-772-8347 OR TTY: 711
FAX: (615) 248-7013

https://www.tn.gov/humanservices

SHERAY OMINYI
1411 IRELAND ST A
NASHVILLE TN 37208

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Go Green!

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Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Sheray Ominyi
Appeal Number: 2407413754
Customer ID: 978782001
Date: 12/03/2024

NOTICE OF RECEIPT OF PETITION FOR RECONSIDERATION OF INITIAL ORDER

Dear Sheray Ominyi:

On November 12, 2024, an Initial Order was entered in the above styled case. On November 26, 2024, a Petition for Reconsideration of the Initial Order was timely filed.

A decision shall be issued within 20 days. If a decision is not issued within 20 days then the Petition for Reconsideration of the Initial Order shall have been deemed denied in accordance with Tennessee Code Annotated 4-5-317(c) and State Rule 1240-5-9-.04.

The non-filing party shall have ten (10) days, or until December 06, 2024, to respond to the Petition. Any such response should be made by mail, email, or fax.

Any party wishing to request a copy of the petition should make such request by mail at:

Department of Human Services
Division of Appeals and Hearings
James K. Polk Building, 1st Floor
505 Deaderick Street
Nashville, Tennessee 37243

Or by e-mail at AppealsClerksOffice.DHS@tn.gov or send us a fax at (615) 248-7013 or (866) 355-6136.

The request must be received no later than December 01, 2024.

CC: Edward J Singley, Case Prep LA, 505 Deaderick St, First Floor, Nashville, DAVIDSON, TN 37243

SNAP Program Area

Melanie R Foster, Case Prep LA, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

Amanda M Cummins, Case Prep LA, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

Michael T Donegan, Case Prep LA, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

William E Tallent, DHS Administrative Judge, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: Sheray Ominyi
Customer ID: 978782001

Appeal Number: 2408424075
Date: 12/10/2024

Attached is an Order issued in your appeal. If you disagree with my decision, you may file a petition and/or appeal of the decision.

William Tallent
DHS Administrative Judge

HOW TO FILE A PETITION OR APPEAL OF THE ORDER

Review of Initial Order

This Initial Order shall become a Final Order (reviewable as set forth below) fifteen (15) days after the entry date of this Initial Order (Tenn. Code Ann. § 4-5-314[b]), unless either or both of the following actions are taken:

(1) A party files a petition of appeal to the Department of Human Services (the Department), in writing stating the specific reasons why the Initial Order was incorrect, within fifteen (15) days after the entry date of the Initial Order. If this action occurs, there is no Final Order until review by the Department and entry of a new Final Order or adoption and entry of the Initial Order, in whole or in part, as the Final Order. A petition of appeal to the Department must be filed within the proper time period either by email at **AppealsClerksOffice.DHS@tn.gov** or by mail with the Division of Appeals and Hearings, Department of Human Services, ATTN: Commissioner's Designee, 505 Deaderiek Street, Nashville, TN 37243 or you can fax your petition to us at (615) 248-7013. See Tenn. Code Ann. § 4-5-315 and Tenn. Comp. R. & Reg. 1240-05-09.

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a Final Order by operation of law fifteen (15) days after the entry date of the order denying the petition for reconsideration or the date the petition for reconsideration was deemed denied.

Review of Final Order

Within fifteen (15) days after entry of a Final Order, a party may file a petition for reconsideration of the Final Order, in which the petitioner shall state the specific reasons why the Final Order was incorrect. A petition for reconsideration of a Final Order is not permitted when the order became a Final Order by operation of law. The petition must be filed in writing with the Division of Appeals and Hearings by e-mail at **AppealsClerksOffice.DHS@tn.gov** or by mail with the Division of Appeals and Hearings, Department of Human Services, ATTN: Commissioner's Designee, 505 Deaderick Street, Nashville, TN 37243 or you can fax your petition to us at (615) 248-7013. If no action is taken within twenty (20) days of filing of the petition of the Final Order, it is deemed denied. See Tenn. Code Ann. §4-5-317 on petitions for reconsideration.

A party may petition the Department for a stay of the Final Order within seven (7) days after the entry date of the order. See Tenn. Code Ann. §4-5-316. The petition for stay of the Final Order must be filed in writing with the Division of Appeals and Hearings by e-mail at **AppealsClerksOffice.DHS@tn.gov** or by mail at the address in section (1) above or you can fax your petition to us at (615) 248-7013.

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Further, an appellant who is aggrieved by the Final Order may petition the court for judicial review in Chancery Court of the county of residence or in Davidson County within sixty (60) days of the entry date of the Final Order. See Tenn. Code Ann. §4-5-317 and Tenn. Code Ann. §4-5-322.

CC: SNAP Program Area

Jonathon A Shannon, Program Coordinator, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

SHERAY OMINYI, APPELLANT

v.

TENNESSEE DEPARTMENT OF HUMAN SERVICES

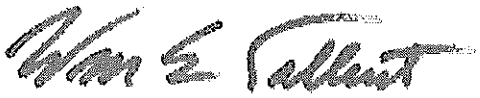
ORDER

On November 26, 2024, the Appellant, Sheray Ominyi, filed a Petition for Reconsideration of the November 12, 2024, Default Initial Order (Petition). As the Petition was filed within fifteen (15) days of the Default Initial Order, it is timely and has been reviewed. Tenn. Code Ann. § 4-5-317(a) and Tenn. Comp. R. & Regs. 1240-05-09-.01(4).

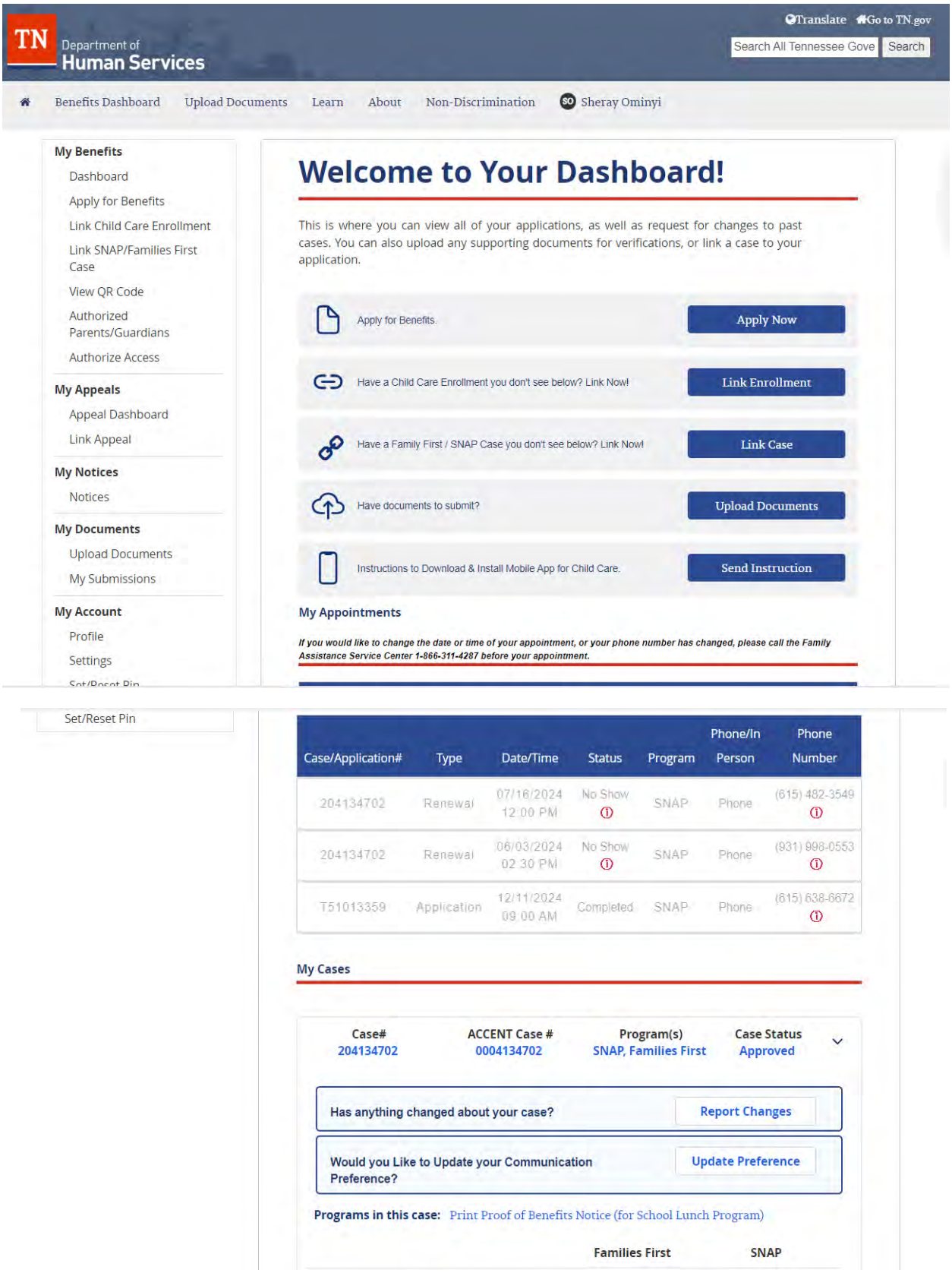
The Appellant filed an appeal regarding the processing status of her Supplemental Nutrition Assistance Program (SNAP) application. In her Petition, the Appellant states that she "made a mistake", presumably concerning the November 8, 2024, hearing date. Further, the Default Initial Order was entered upon sufficient attempted service, as the Notice of Hearing was returned to the Department as undeliverable.

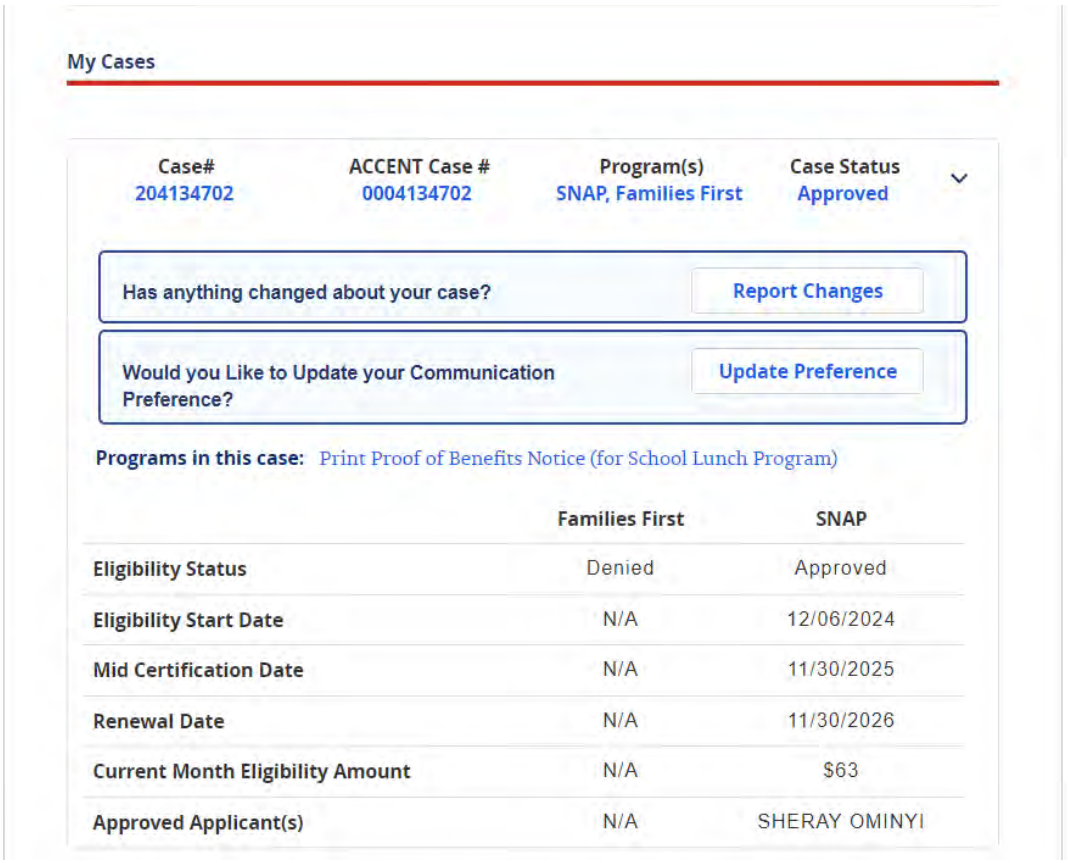
Upon review, the Appellant's Petition for Reconsideration is granted. This matter will be rescheduled for a new hearing date.

This order is entered and effective as of the date shown on the first page.



William E. Tallent
DHS Administrative Judge


TN Department of Human Services
Translate
Go to TN.gov
Search All Tennessee Gove
Search
Benefits Dashboard
Upload Documents
Learn
About
Non-Discrimination
SO Sheray Ominyi
My Benefits
Dashboard
Apply for Benefits
Link Child Care Enrollment
Link SNAP/Families First Case
View QR Code
Authorized Parents/Guardians
Authorize Access
My Appeals
Appeal Dashboard
Link Appeal
My Notices
Notices
My Documents
Upload Documents
My Submissions
My Account
Profile
Settings
Set/Reset Pin
Welcome to Your Dashboard!
This is where you can view all of your applications, as well as request for changes to past cases. You can also upload any supporting documents for verifications, or link a case to your application.
Apply for Benefits.
Apply Now
Have a Child Care Enrollment you don't see below? Link Now!
Link Enrollment
Have a Family First / SNAP Case you don't see below? Link Now!
Link Case
Have documents to submit?
Upload Documents
Instructions to Download & Install Mobile App for Child Care.
Send Instruction
My Appointments
If you would like to change the date or time of your appointment, or your phone number has changed, please call the Family Assistance Service Center 1-866-311-4287 before your appointment.
Case/Application#
Type
Date/Time
Status
Program
Phone/In Person
Phone Number
204134702
Renewal
07/16/2024 12:00 PM
No Show
SNAP
Phone
(615) 482-3549
204134702
Renewal
06/03/2024 02:30 PM
No Show
SNAP
Phone
(931) 998-0553
T51013359
Application
12/11/2024 09:00 AM
Completed
SNAP
Phone
(615) 638-6672
My Cases
Case#
204134702
ACCENT Case #
0004134702
Program(s)
SNAP, Families First
Case Status
Approved
Has anything changed about your case?
Report Changes
Would you Like to Update your Communication Preference?
Update Preference
Programs in this case:
Print Proof of Benefits Notice (for School Lunch Program)
Families First
SNAP



My Cases

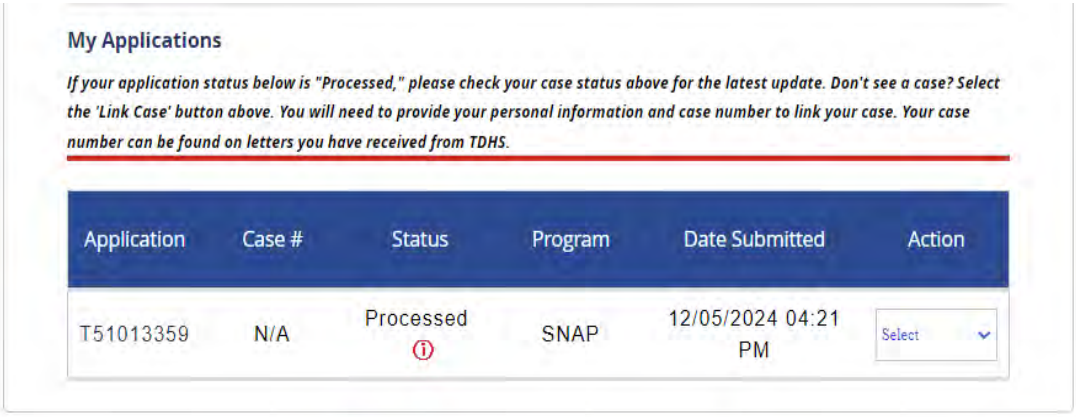
Case#	ACCENT Case #	Program(s)	Case Status
204134702	0004134702	SNAP, Families First	Approved

Has anything changed about your case? Report Changes

Would you Like to Update your Communication Preference? Update Preference

Programs in this case: Print Proof of Benefits Notice (for School Lunch Program)

	Families First	SNAP
Eligibility Status	Denied	Approved
Eligibility Start Date	N/A	12/06/2024
Mid Certification Date	N/A	11/30/2025
Renewal Date	N/A	11/30/2026
Current Month Eligibility Amount	N/A	$63
Approved Applicant(s)	N/A	SHERAY OMINYI



My Applications

If your application status below is "Processed," please check your case status above for the latest update. Don't see a case? Select the 'Link Case' button above. You will need to provide your personal information and case number to link your case. Your case number can be found on letters you have received from TDHS.

Application	Case #	Status	Program	Date Submitted	Action
T51013359	N/A	Processed	SNAP	12/05/2024 04:21 PM	Select

Help Share

About Tennessee Title VI Accessibility Help & Contact Survey

DAVIDSON CO. DEPT. OF HUMAN SERVICES
227 FRENCH LANDING DRIVE
FIRST FLOOR
NASHVILLE, TN 37228-1605

https://www.tn.gov/humanservices

SHERAY OMINYI
1411 IRELAND ST
APT A
NASHVILLE TN 37208-3321

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Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Sheray Ominyi
Case Number: 204134702
Customer ID: 978782001
Date: 12/12/2024
Family Assistance Service Center: 1-866-311-4287

Request for Verification

We may have to turn you down unless you give us the proof we need by December 23, 2024. You applied for help from Human Services or reported a change. We need you to give us proof of the following information.

Program:	**SNAP**	
Who?	**What information is needed?**	**What Time Period?**
SHERAY OMINYI	Earned Income - Industrial Staff	Jul 30, 2024 - Aug 05, 2024, Aug 06, 2024 - Aug 12, 2024, Aug 20, 2024 - Aug 26, 2024

You must get this proof to us by December 23, 2024.

Examples of Acceptable Proof:

Social Security Number	Social Security card, or proof of application for a Social Security number.
Your Identity	Driver's license, school ID with photo, Passport, Resident Alien card, I-94 card, or voter's registration card
Where you live	Lease agreement, utility bill, phone bill, or driver's license with your address on it.
Income	Check stubs, employer statement, award letters
Resources	Bank Accounts, Certificate of Deposit, savings bonds
Property	Automobiles, trucks, boats, motorcycles, and recreational vehicles
Shelter Costs	Mortgage payments, property tax, homeowner's insurance, rent receipt, lease agreement
Cost of Utilities	Electric bill, water bill, gas bill
Citizenship or Alien Status	For any person you want to receive assistance, you must be able to document that they are U.S. Citizens or nationals. Types of documents that may be viewed for citizenship will include : U.S. Passport

	- Certificate of Naturalization - Certificate of U.S. Citizenship - Birth Certificate - Hospital, clinic, or doctor records - A report or Certification of Birth Abroad of a U.S. Citizen - U.S. Citizen ID card, or adoption papers, or a military record. - INS (Immigration) papers for people who were not born in the U.S.
Age	Birth Certificate, hospital records, baptismal records, and school records
School Attendance/Grades	For any dependent child for which you wish to receive assistance. School records, report cards.
Immunizations and Health Checks	For any dependent child for which you wish to receive assistance. Health Department records, "shot" records, medical records, statement from a physician.

If anyone is claiming incapacity: we will request (or in some instances, may ask you to help us get) your providers name, address, fax number, and/or email address.

** Shelter and utility expenses can be allowed in your case. If verified, these expenses could possibly increase your SNAP benefits. If verifications for these expenses are not provided within the timeframe required, we will remove these expenses from your case and your SNAP benefit amount will be determined without these deductions/expenses.

Call your worker for help if you have trouble getting this proof and we can assist you in obtaining the required verifications, provided your household is cooperating with us.

If you have any other questions, please call your worker. You can also call the Family Assistance Service Center at 1-866-311-4287 about Families First or SNAP. This is a free call.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):

You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:

- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:

- We can call if you are not able to come to our office.
- We can tell you what this letter means.

- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://www.fns.usda.gov/snap/state-directory.

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR?s Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

Tennessee Department of Human Services

Verification of Employment/Income

Return this Completed Form to your Local DHS office

Name: SHERAY OMINYI Social Security Number: _____

Please check one of these boxes:

☐ I am employed. Fill out this part of the form. Take it to each employer you have. They must fill out the rest.

I am employed by: _____

Telephone: (____) _____-_____

☐ If I have a job, I give my permission for my place of employment to give DHS the facts listed below.

Sign here: X_____ Date: _____/_____/_____

This information is true and accurately represents my employment and income. I understand that I am responsible to repay the State of Tennessee for any overpayment of benefits if this information is false.

Ask all your employees to fill out this section. **Bring** this page(s) when you come to DHS.

****

EMPLOYER'S STATEMENT

Earnings Information

Name: SHERAY OMINYI Social Security Number: _____

1. Is the above-named individual employee of the organization ? ☐ Yes ☐ No

a) If yes, please give the employee's address on your records.

_____

b) If no, what was the last day of the employment _____/_____/_____

2. How often is the employee paid ?

☐ Monthly ☐ Semi-Monthly ☐ Weekly ☐ Bi-Weekly ☐ Daily

3. Date of Employment: _____/_____/_____ Do you hold back a paycheck? ☐Yes ☐No

4. Please show the last eight(8) weeks gross earnings:

a)

Date Paid	Number of hours worked	Gross Paid
/ /		$
/ /		$

/ /		$
/ /		$
/ /		$
/ /		$
/ /		$
/ /		$
/ /		$

b) Average hours per week ? _____ Rate of Pay? _____

Completed by (Print Name): _____

Signed: _____ Title/Position: _____

Date: _____/_____/_____ Telephone: ( ) _____-_____ or Email Address: _____

SNAP and Families First Verification Checklist

The verifications below are needed at interview to timely process your case.

Below we have listed some information that may need to be verified before your application can be completed. We've listed some of the papers you can use as proof. There may be other kinds of proof you can use.

To verify your identity

- ☐ Driver's license
- ☐ School or work identification
- ☐ Voter's registration card
- ☐ Birth certificate
- ☐ Passport
- ☐ Resident Alien Card
- ☐ I-94 Card

To verify your address

- ☐ Property tax statement
- ☐ Homeowners or renters insurance
- ☐ Current utility bills
- ☐ Rent or mortgage receipts showing address
- ☐ Mail sent to stated address

To verify your income (provide a document for each income source)

- ☐ Check stubs
- ☐ Award letters
- ☐ Employer statement (if you get paid in cash or if you do not have your check stubs)
- ☐ Social Security, Supplemental Security Income, or Veteran's Benefits
- ☐ Other Retirement or Disability Benefits
- ☐ Child Support Agreement or Receipts
- ☐ Unemployment compensation
- ☐ W-2 forms

To verify your citizenship or alien status

- ☐ Immigration and Naturalization Documents
- ☐ Birth certificate
- ☐ US passport
- ☐ Certificate of US citizenship

To verify your resources

- ☐ Bank statements for checking/savings accounts
- ☐ Stock shares, bonds, and/or CDs
- ☐ Proof of rental properties
- ☐ Titles for non-household transportation and Recreational vehicles
- ☐ Titles for vehicles (Families First Only)

To verify your expenses (SNAP Only)

- ☐ Rent or mortgage payments
- ☐ Property taxes
- ☐ Insurance on property
- ☐ Utilities receipts (gas, water, electricity, etc.)
- ☐ Child care costs
- ☐ Child support payments

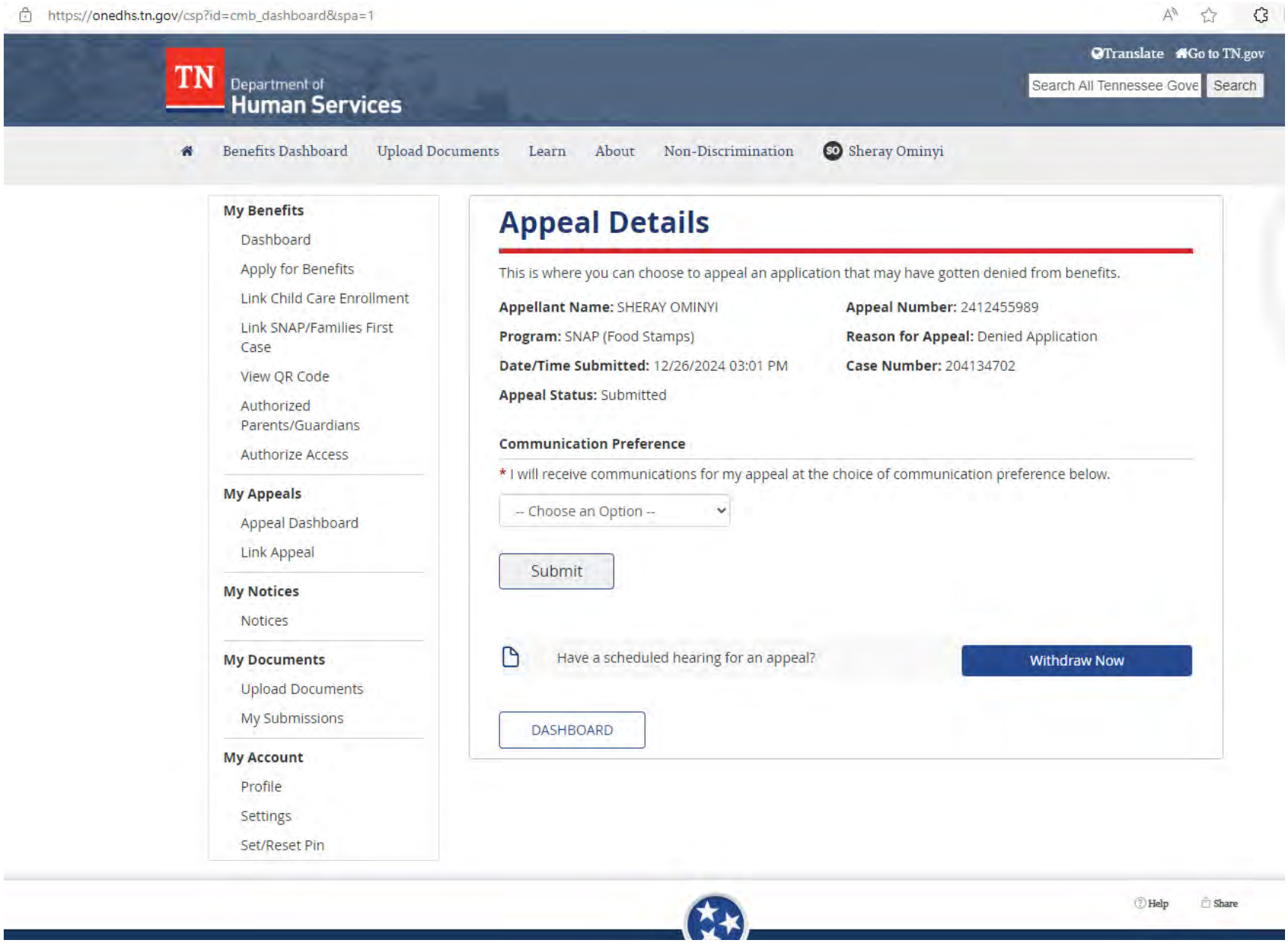
Medical expenses not covered by insurance (SNAP only deduction for households of elderly, age 60+, or disabled persons)

- ☐ Summary of provided services such as doctor or hospital visits
- ☐ Detailed receipts showing unreimbursed medical expenses
- ☐ Prescription ledger showing cost of prescriptions on the printout
- ☐ Medical payment agreement
- ☐ Invoices or receipts for medical equipment (including the rental cost)

Other Verifications (Families First Only)

- ☐ Age (e.g., birth certificate)
- ☐ School attendance/grades
- ☐ Immunizations and health checks

Need to report a change? Have Questions? Need help? The Family Assistance Service Center (FASC) is here to help Monday-Friday, 8:00 a.m. - 4:30 p.m. 1-866-244-4287


https://onedhs.tn.gov/csp?id=cmb_dashboard&spa=1
TN Department of Human Services
Translate
Go to TN.gov
Search All Tennessee Gove
Search
Benefits Dashboard
Upload Documents
Learn
About
Non-Discrimination
SO Sheray Ominyi
My Benefits
Dashboard
Apply for Benefits
Link Child Care Enrollment
Link SNAP/Families First Case
View QR Code
Authorized Parents/Guardians
Authorize Access
My Appeals
Appeal Dashboard
Link Appeal
My Notices
Notices
My Documents
Upload Documents
My Submissions
My Account
Profile
Settings
Set/Reset Pin
Appeal Details
This is where you can choose to appeal an application that may have gotten denied from benefits.
Appellant Name: SHERAY OMINYI
Appeal Number: 2412455989
Program: SNAP (Food Stamps)
Reason for Appeal: Denied Application
Date/Time Submitted: 12/26/2024 03:01 PM
Case Number: 204134702
Appeal Status: Submitted
Communication Preference
* I will receive communications for my appeal at the choice of communication preference below.
-- Choose an Option --
Submit
Have a scheduled hearing for an appeal?
Withdraw Now
DASHBOARD
Help
Share

DAVIDSON CO. DEPT. OF HUMAN SERVICES
227 FRENCH LANDING DRIVE
FIRST FLOOR
NASHVILLE, TN 37228-1605

https://www.tn.gov/humanservices

SHERAY OMINYI
1411 IRELAND ST
APT A
NASHVILLE TN 37208-3321

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Sheray Ominyi
Case Number: 204134702
Customer ID: 978782001
Date: 12/27/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

SNAP

You applied for Supplemental Nutrition Assistance Program (SNAP) benefits on December 05, 2024. This letter is to let you know that we made a decision regarding your application.

Your application for SNAP benefits has been denied for the following reason(s):

Reason
A mandatory member refused or failed to verify required information for Earned Income

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):

You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:

- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:

- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

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1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
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- ☐ Social Security, Supplemental Security Income, or Veteran's Benefits
- ☐ Other Retirement or Disability Benefits
- ☐ Child Support Agreement or Receipts
- ☐ Unemployment compensation
- ☐ W-2 forms

To verify your citizenship or alien status

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- ☐ Birth certificate
- ☐ US passport
- ☐ Certificate of US citizenship

To verify your resources

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- ☐ Child support payments

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- ☐ Detailed receipts showing unreimbursed medical expenses
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- ☐ Invoices or receipts for medical equipment (including the rental cost)

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- ☐ Age (e.g., birth certificate)
- ☐ School attendance/grades
- ☐ Immunizations and health checks

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Monday-Friday, 8:00 a.m. - 4:30 p.m. 1-866-244-4287

P-Ex. 10

DECLARATION OF CANDACE PEGUES

Pursuant to 28 U.S.C. § 1746, Candace Pegues declares as follows:

1. I am one of the named plaintiffs in the above-referenced action.

2. I know the factual allegations made in the Complaint about me and my family.

Those allegations are truthful.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at Memphis, Tennessee on this the 9th day of December 2024

Respectfully submitted,

/s/ [redacted] (Dec 9, 2024 15:55 CST)
Candace Pegues

P-Ex. 11

DECLARATION OF BRANDI TAPIA

Pursuant to 28 U.S.C. § 1746, Brandi Tapia declares as follows:

1. I am one of the named plaintiffs in the above-referenced action.

2. I know the factual allegations made in the Complaint about me and my family.

Those allegations are truthful.

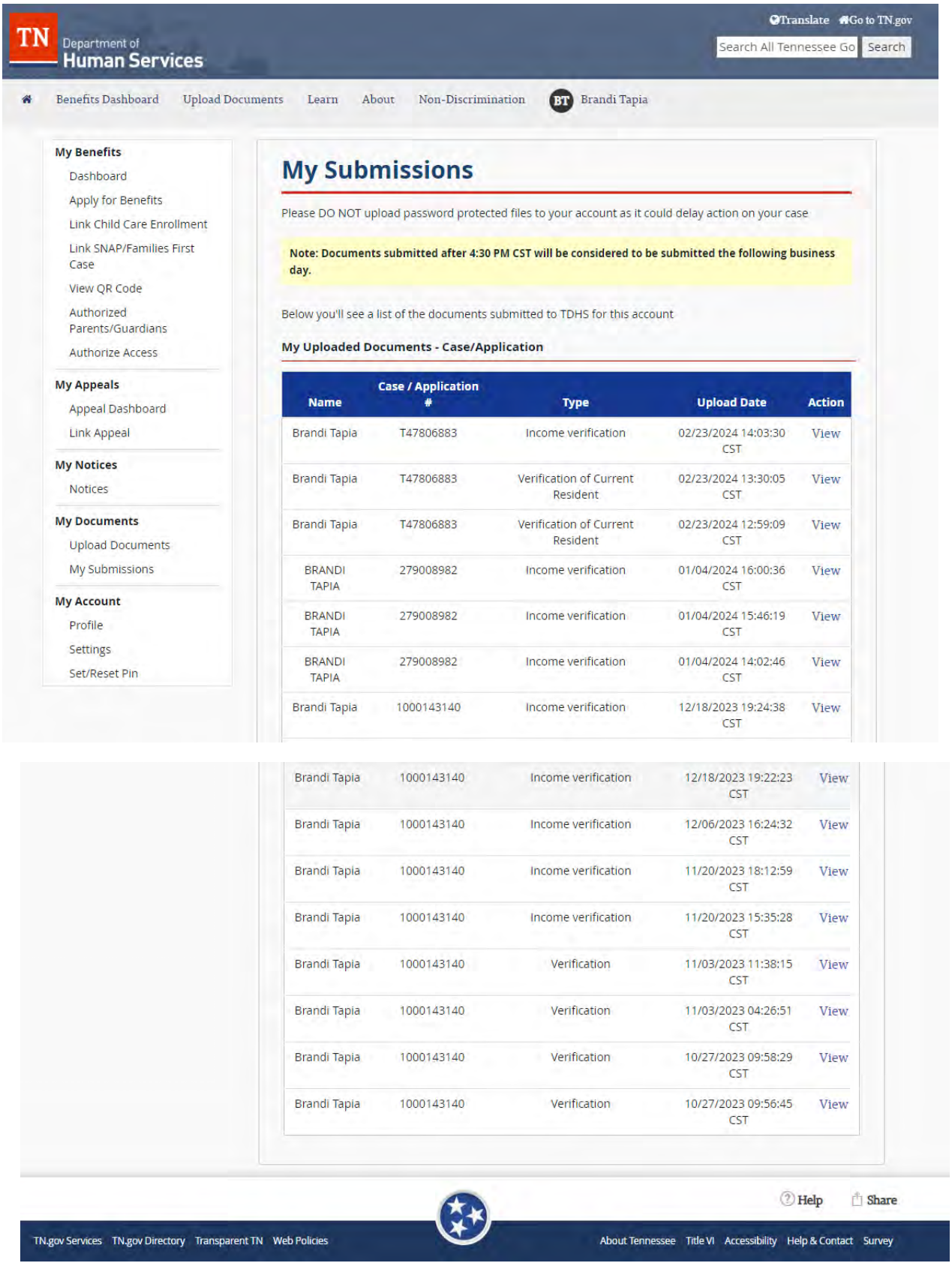
I declare under penalty of perjury that the foregoing is true and correct.

Executed at Nashville, Tennessee on this 30th day of December 2024.

Respectfully submitted,

Brandi Tapia (Jan 2, 2025 00:12 CST)

Brandi Tapia



TN Department of Human Services

Translate Go to TN.gov

Search All Tennessee Go | Search

Benefits Dashboard | Upload Documents | Learn | About | Non-Discrimination | BT Brandi Tapia

My Benefits
- Dashboard
- Apply for Benefits
- Link Child Care Enrollment
- Link SNAP/Families First Case
- View QR Code
- Authorized Parents/Guardians
- Authorize Access

My Appeals
- Appeal Dashboard
- Link Appeal

My Notices
- Notices

My Documents
- Upload Documents
- My Submissions

My Account
- Profile
- Settings
- Set/Reset Pin

My Submissions

Please DO NOT upload password protected files to your account as it could delay action on your case

Note: Documents submitted after 4:30 PM CST will be considered to be submitted the following business day.

Below you'll see a list of the documents submitted to TDHS for this account

My Uploaded Documents - Case/Application

Name	Case / Application #	Type	Upload Date	Action
Brandi Tapia	T47806883	Income verification	02/23/2024 14:03:30 CST	View
Brandi Tapia	T47806883	Verification of Current Resident	02/23/2024 13:30:05 CST	View
Brandi Tapia	T47806883	Verification of Current Resident	02/23/2024 12:59:09 CST	View
BRANDI TAPIA	279008982	Income verification	01/04/2024 16:00:36 CST	View
BRANDI TAPIA	279008982	Income verification	01/04/2024 15:46:19 CST	View
BRANDI TAPIA	279008982	Income verification	01/04/2024 14:02:46 CST	View
Brandi Tapia	1000143140	Income verification	12/18/2023 19:24:38 CST	View
Brandi Tapia	1000143140	Income verification	12/18/2023 19:22:23 CST	View
Brandi Tapia	1000143140	Income verification	12/06/2023 16:24:32 CST	View
Brandi Tapia	1000143140	Income verification	11/20/2023 18:12:59 CST	View
Brandi Tapia	1000143140	Income verification	11/20/2023 15:35:28 CST	View
Brandi Tapia	1000143140	Verification	11/03/2023 11:38:15 CST	View
Brandi Tapia	1000143140	Verification	11/03/2023 04:26:51 CST	View
Brandi Tapia	1000143140	Verification	10/27/2023 09:58:29 CST	View
Brandi Tapia	1000143140	Verification	10/27/2023 09:56:45 CST	View

Help Share

TN.gov Services | TN.gov Directory | Transparent TN | Web Policies | About Tennessee | Title VI | Accessibility | Help & Contact | Survey

3:34
37
Direct Deposit
$1,217.62
Sep 20 at 7:21 PM
Direct Deposit

P-Ex. 11B
3 of 3
November 20 2023 Submission Excerpt

Meharry Medical College
1005 Dr DB Todd, Jr. Blvd
Nashville, Tennessee 37208-3599
615-327-6111

Banner ID: M00037383 **Pay Date:** 09/22/2023
SSN/SIN/TIN: *****5418 **Pay Period:** 09/03/2023-09/16/2023
Employee: Brandi N Tapia
Address: 500 Cheyenne Blvd
Lot 244
Madison, Tennessee 37115
United States

Payment Summary

Type	Current Period	YTD Amount
Gross Amount:	$1,337.81	$27,323.38
Total Personal Deductions:	$120.19	$2,483.02
Net Amount:	$1,217.62	$24,840.36
Total Employer Contributions:	$172.06	$3,684.22

Earnings

Job	Earnings	Shift	Hours or Units	Rate	Amount	YTD Amount
Patient Service Representative	Holiday Pay	1				$1,179.28
	Overtime 1.5	1				$23.[illegible]
	Regular Pay	1	15.35	$18.750000	$287.81	$22,304.[illegible]
	Sick Pay	1	56.00	$18.750000	$1,050.00	$2,799.[illegible]
	Vacation Pay	1				$1,017.[illegible]
					Total:	**$1,337.81**	**$27,323.[illegible]**
Non Cash Earnings						
	Docked Pay	1				$158.[illegible]
	Unpaid Leave	1				$147.04

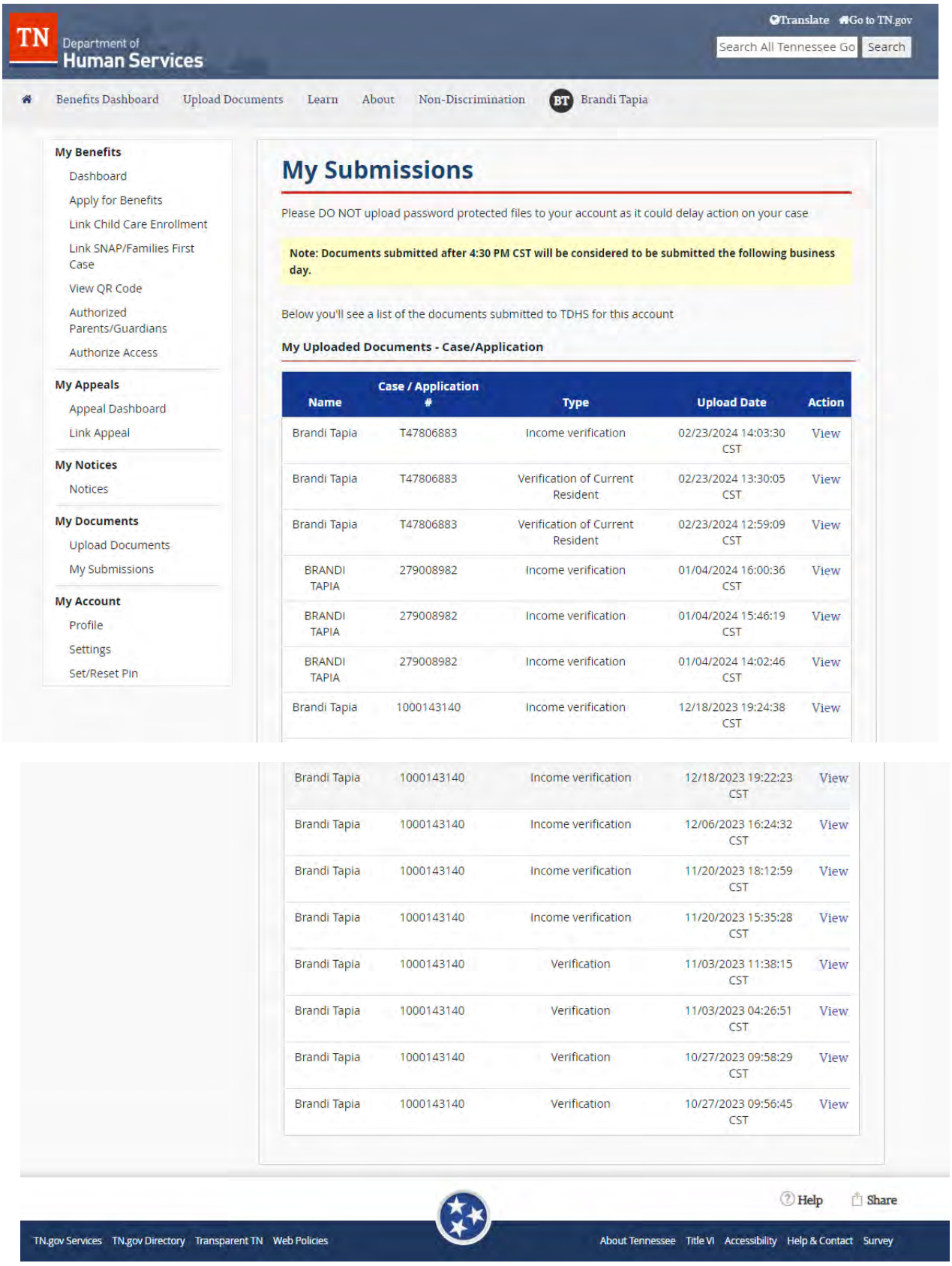
Benefits, Deductions and Taxes

Benefits and Deductions	Employee	Employee YTD	Employer	Employer YTD	Applicable Gross	Applicable Gross YTD
Taxes						
Federal Tax	$0.00	$0.00	$0.00	$0.00	$1,337.31	$27,313.[illegible]
Fica Medicare	$19.39	$396.10	$19.39	$396.10	$1,337.31	$27,317.[illegible]
Fica Old Age	$82.91	$1,693.67	$82.91	$1,693.67	$1,337.31	$27,317.[illegible]
Deductions						
AD&D MMC Paid		$0.00		$6.84		$13,070.[illegible]
Davis Vision	$0.50	$9.50	$2.87	$54.53	$1,337.81	$27,323.[illegible]
Imputed Income for Life Ins		$0.00		$0.00		$3.36
Life Ins 1.5x Salary		$0.00		$92.34		$13,070.90
Long Term Disability-MMC Paid		$0.00		$67.92		$13,070.90
SEIU Local 205 Union Dues	$17.39	$383.75	$0.00	$0.00	$1,337.81	$27,300.[illegible]
Valic 5% Gift Union	$0.00	$0.00	$66.89	$1,372.82	$1,337.81	$27,456.[illegible]
Total:	**$120.19**	**$2,483.02**	**$172.06**	**$3,684.22**		

Check or Direct Deposit

Number	Document Type	Bank Name	Account Type	Amount
741342	Direct Deposit	Sutton Bank	Checking	$1,217.62

Case 3:25-cv-00041 Document 23-13 Filed 01/24/25 Page 5 of 76 PageID #: 798


TN Department of Human Services
Translate
Go to TN.gov
Search All Tennessee Go
Search
Benefits Dashboard
Upload Documents
Learn
About
Non-Discrimination
BT
Brandi Tapia
My Benefits
Dashboard
Apply for Benefits
Link Child Care Enrollment
Link SNAP/Families First Case
View QR Code
Authorized Parents/Guardians
Authorize Access
My Appeals
Appeal Dashboard
Link Appeal
My Notices
Notices
My Documents
Upload Documents
My Submissions
My Account
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Brandi Tapia | 1000143140 | Income verification | 12/18/2023 19:24:38 CST | View
Brandi Tapia | 1000143140 | Income verification | 12/18/2023 19:22:23 CST | View
Brandi Tapia | 1000143140 | Income verification | 12/06/2023 16:24:32 CST | View
Brandi Tapia | 1000143140 | Income verification | 11/20/2023 18:12:59 CST | View
Brandi Tapia | 1000143140 | Income verification | 11/20/2023 15:35:28 CST | View
Brandi Tapia | 1000143140 | Verification | 11/03/2023 11:38:15 CST | View
Brandi Tapia | 1000143140 | Verification | 11/03/2023 04:26:51 CST | View
Brandi Tapia | 1000143140 | Verification | 10/27/2023 09:58:29 CST | View
Brandi Tapia | 1000143140 | Verification | 10/27/2023 09:56:45 CST | View
Help
Share
TN.gov Services
TN.gov Directory
Transparent TN
Web Policies
About Tennessee
Title VI
Accessibility
Help & Contact
Survey

P-Ex. 11C
2 of 2
December 6, 2023 Submission Excerpt

Meharry Medical College
1005 Dr DB Todd, Jr. Blvd
Nashville, Tennessee 37208-3599
615-327-6111

Banner ID: M00037383
SSN/SIN/TIN: *****5418
Employee: Brandi N Tapia
Address: 500 Cheyenne Blvd
Lot 244
Madison, Tennessee 37115
United States

Pay Date: 09/22/2023
Pay Period: 09/03/2023-09/16/2023

Payment Summary

Type	Current Period	YTD Amount
Gross Amount:	$1,337.81	$27,323.38
Total Personal Deductions:	$120.19	$2,483.02
Net Amount:	$1,217.62	$24,840.36
Total Employer Contributions:	$172.06	$3,684.22

Earnings

Job	Earnings	Shift	Hours or Units	Rate	Amount	YTD Amount
Patient Service Representative	Holiday Pay	1				$1,179.28
	Overtime 1.5	1				$23.53
	Regular Pay	1	15.35	$18.750000	$287.81	$22,304.78
	Sick Pay	1	56.00	$18.750000	$1,050.00	$2,799.43
	Vacation Pay	1				$1,017.31
					Total:	**$1,337.81**	**$27,323.38**
Non Cash Earnings						
	Docked Pay	1				$158.51
	Unpaid Leave	1				$147.04

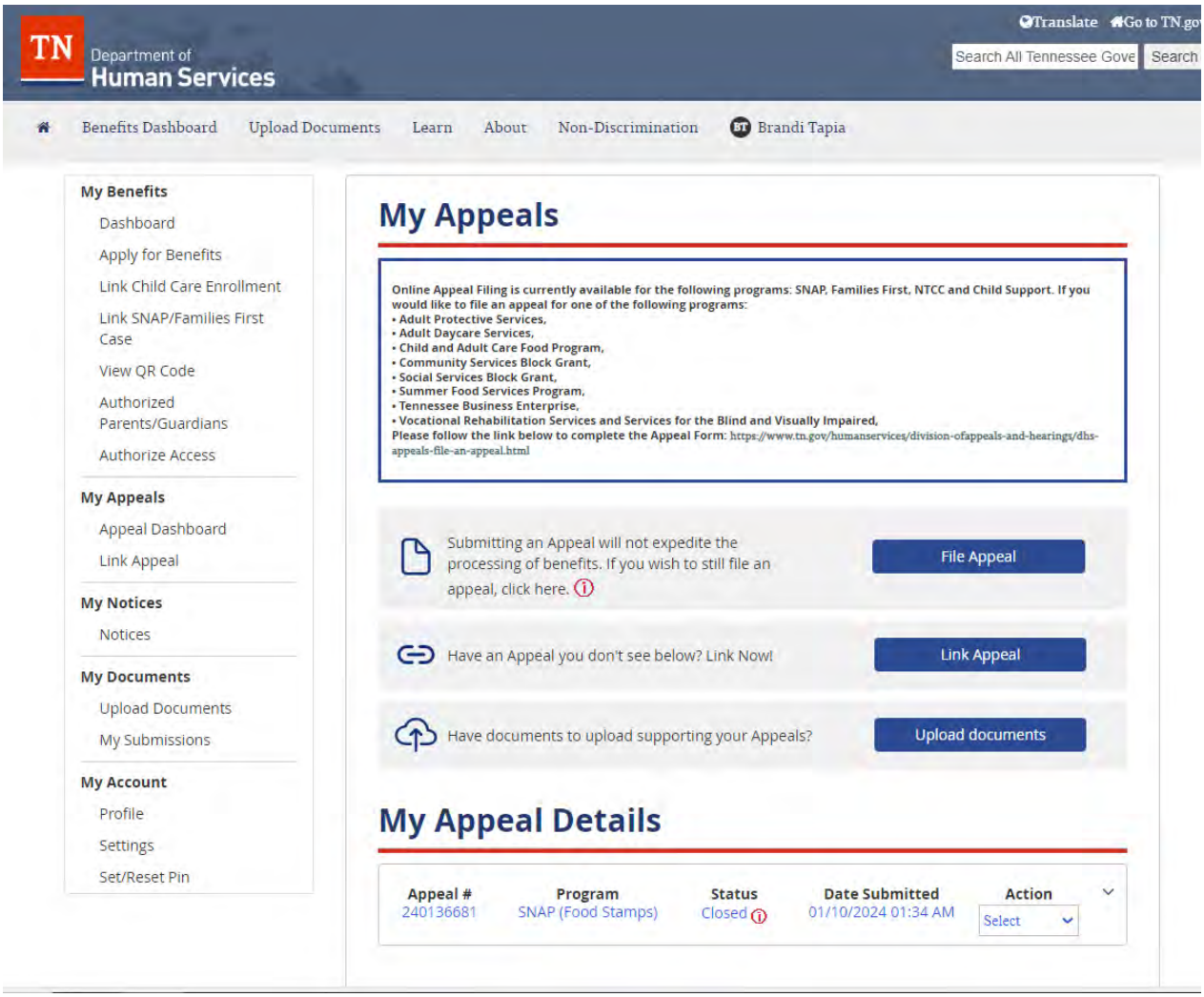
Benefits, Deductions and Taxes

Benefits and Deductions	Employee	Employee YTD	Employer	Employer YTD	Applicable Gross	Applicable Gross YTD
Taxes						
Federal Tax	$0.00	$0.00	$0.00	$0.00	$1,337.31	$27,313.81
Fica Medicare	$19.39	$396.10	$19.39	$396.10	$1,337.31	$27,317.26
Fica Old Age	$82.91	$1,693.67	$82.91	$1,693.67	$1,337.31	$27,317.26
Deductions						
AD&D MMC Paid		$0.00		$6.84		$13,070.90
Davis Vision	$0.50	$9.50	$2.87	$54.53	$1,337.81	$27,323.38
Imputed Income for Life Ins		$0.00		$0.00		$3.36
Life Ins 1.5x Salary		$0.00		$92.34		$13,070.90
Long Term Disability-MMC Paid		$0.00		$67.92		$13,070.90
SEIU Local 205 Union Dues	$17.39	$383.75	$0.00	$0.00	$1,337.81	$27,300.00
Valic 5% Gift Union	$0.00	$0.00	$66.89	$1,372.82	$1,337.81	$27,456.62
Total:	**$120.19**	**$2,483.02**	**$172.06**	**$3,684.22**		

Check or Direct Deposit

Number	Document Type	Bank Name	Account Type	Amount
741342	Direct Deposit	Sutton Bank	Checking	$1,217.62

Case 3:25-cv-00041 Document 23-13 Filed 01/24/25 Page 7 of 76 PageID #: 800


TN Department of Human Services
Translate
Go to TN.gov
Search All Tennessee Gove
Search
Benefits Dashboard
Upload Documents
Learn
About
Non-Discrimination
BT Brandi Tapia
My Benefits
Dashboard
Apply for Benefits
Link Child Care Enrollment
Link SNAP/Families First Case
View QR Code
Authorized Parents/Guardians
Authorize Access
My Appeals
Appeal Dashboard
Link Appeal
My Notices
Notices
My Documents
Upload Documents
My Submissions
My Account
Profile
Settings
Set/Reset Pin
My Appeals
Online Appeal Filing is currently available for the following programs: SNAP, Families First, NTCC and Child Support. If you would like to file an appeal for one of the following programs:
• Adult Protective Services,
• Adult Daycare Services,
• Child and Adult Care Food Program,
• Community Services Block Grant,
• Social Services Block Grant,
• Summer Food Services Program,
• Tennessee Business Enterprise,
• Vocational Rehabilitation Services and Services for the Blind and Visually Impaired,
Please follow the link below to complete the Appeal Form: https://www.tn.gov/humanservices/division-ofappeals-and-hearings/dhs-appeals-file-an-appeal.html
Submitting an Appeal will not expedite the processing of benefits. If you wish to still file an appeal, click here.
File Appeal
Have an Appeal you don't see below? Link Now!
Link Appeal
Have documents to upload supporting your Appeals?
Upload documents
My Appeal Details
Appeal #
240136681
Program
SNAP (Food Stamps)
Status
Closed
Date Submitted
01/10/2024 01:34 AM
Action
Select

DAVIDSON CO. DEPT. OF HUMAN SERVICES
227 FRENCH LANDING DRIVE
FIRST FLOOR
NASHVILLE, TN 37228-1605

https://www.tn.gov/humanservices

BRANDI TAPIA
510 HERITAGE DR
APT 64
MADISON TN 37115-2698

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Brandi Tapia
Application Number: T47806883
Customer ID: 738036107
Date: 02/16/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Appointment

You have been scheduled for the following **telephone interview appointment**.

Date: 02/21/2024 Time: 1:00 PM CST/2:00 PM EST.

Phone number on file: (615) 342-9522

We will call you within an hour of your appointment time to talk to you about your application for benefits.

This interview is for SNAP.

If you did not provide a phone number or your phone number has changed, please contact the Family Assistance Service Center 1-866-311-4287 before your scheduled telephone appointment to provide a number where we can reach you. If you prefer to come into our office or you cannot keep this interview appointment, please call us to reschedule. **It is important to keep your appointment.**

If you do not request another appointment, your application for benefits may be denied.

What do you need for your interview?

We will ask you questions about your application and your household. Your household is anyone who lives with you and who buys and prepares food with you. We will use this information to help us determine if you qualify for SNAP benefits and the amount your benefits would be.

We will ask you for certain documents. If you decide to come in person for an interview, please bring:

- A form of identification, such as your driver's license.
- Documents to verify your resources for example, bank statements, certificates of deposit, savings bonds, property, cars, trucks, motorcycles, recreational vehicles.
- Documents to show any income. These may include proof such as paycheck stubs for the past 2 months, W-2 forms, copies of Social Security checks, official letters saying how much you will get, employer's statements.
- Documents to show housing, utilities, and childcare costs. This may include your lease or mortgage, utility bills, or childcare or adult care bills.
- If someone in your household is elderly or disabled, bills for that person's medical, vision, or dental expenses that are paid out of pocket.

You may submit your verifications by uploading them through the Customer Portal https://OneDHS.tn.gov, mail, or in person.

What will happen after the interview?

We may ask you to provide additional verifications to complete your case. Your case will not be approved until you provide the necessary information.

What happens if you miss the interview?

Please call us to reschedule. Our number is 1-866-311-4287. Your SNAP and Families First application may be delayed if you do not complete your interview.

What if you need more help?

If you have questions or need more information, please call us at 1-866-311-4287, Monday through Friday. You may also visit our website https://www.tn.gov/humanservices for more information.

State of Tennessee Department of Human Services

1-866-311-4287

https://www.tn.gov/humanservices

Please read on to find out more about your rights and responsibilities.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):

You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:

- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:

- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at : https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint, and at any USDA office,or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form,call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at:http://www.fns.usda.gov/snap/contact_info/hotlines.htm

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697(TTY)

This institution is an equal opportunity provider.

SNAP and Families First Verification Checklist

The verifications below are needed at interview to timely process your case.

Below we have listed some information that may need to be verified before your application can be completed. We've listed some of the papers you can use as proof. There may be other kinds of proof you can use.

To verify your identity

- ☐ Driver's license
- ☐ School or work identification
- ☐ Voter's registration card
- ☐ Birth certificate
- ☐ Passport
- ☐ Resident Alien Card
- ☐ I-94 Card

To verify your address

- ☐ Property tax statement
- ☐ Homeowners or renters insurance
- ☐ Current utility bills
- ☐ Rent or mortgage receipts showing address
- ☐ Mail sent to stated address

To verify your income (provide a document for each income source)

- ☐ Check stubs
- ☐ Award letters
- ☐ Employer statement (if you get paid in cash or if you do not have your check stubs)
- ☐ Social Security, Supplemental Security Income, or Veteran's Benefits
- ☐ Other Retirement or Disability Benefits
- ☐ Child Support Agreement or Receipts
- ☐ Unemployment compensation
- ☐ W-2 forms

To verify your citizenship or alien status

- ☐ Immigration and Naturalization Documents
- ☐ Birth certificate
- ☐ US passport
- ☐ Certificate of US citizenship

To verify your resources

- ☐ Bank statements for checking/savings accounts
- ☐ Stock shares, bonds, and/or CDs
- ☐ Proof of rental properties
- ☐ Titles for non-household transportation and Recreational vehicles
- ☐ Titles for vehicles (Families First Only)

To verify your expenses (SNAP Only)

- ☐ Rent or mortgage payments
- ☐ Property taxes
- ☐ Insurance on property
- ☐ Utilities receipts (gas, water, electricity, etc.)
- ☐ Child care costs
- ☐ Child support payments

Medical expenses not covered by insurance (SNAP only deduction for households of elderly, age 60+, or disabled persons)

- ☐ Summary of provided services such as doctor or hospital visits
- ☐ Detailed receipts showing unreimbursed medical expenses
- ☐ Prescription ledger showing cost of prescriptions on the printout
- ☐ Medical payment agreement
- ☐ Invoices or receipts for medical equipment (including the rental cost)

Other Verifications (Families First Only)

- ☐ Age (e.g., birth certificate)
- ☐ School attendance/grades
- ☐ Immunizations and health checks

Need to report a change? Have Questions? Need help? The Family Assistance Service Center (FASC) is here to help
Monday-Friday, 8:00 a.m. - 4:30 p.m. 1-866-311-4287

TN Department of Human Services

English –
This letter contains important information about your Supplemental Nutrition Assistance Program (SNAP) and Families First. If you need assistance understanding this message, somebody can help in English when you call 1-866-311-4287. After the recorded message you will reach an operator who can provide you with an interpreter. This is a free call. If you have a disability, we can provide you with free assistance. TTY number at 711.

Spanish (español) –
Esta carta contiene información importante acerca de su Programa de Asistencia Nutricional Suplementaria (SNAP) y Familias Primero. Si necesita ayuda para entender este mensaje, llame al 1-866-311-4287 para que alguien pueda ayudarle en inglés. Después del mensaje grabado, se le comunicará con un operador que le podrá proporcionar un intérprete. Esta llamada es gratuita. Si tiene alguna discapacidad, podemos proporcionarle ayuda gratuita. El número de TTY al 711.

Kirundi (Kirundi) –
Iri kete ririmwo amakuru ya nkenerwa kuri Gahunda y'Imfashanyo y'Ibifungurwa (SNAP) n'Imiryango Imbere (Famlies First). Nimba ukeneye gufashwa gutahura ubu butumwa, umuntu arashobora kugufasha mu congereza uhamagaye 1-866-311-4287. Inyuma y'ubutumwa bwabitswe mu majwi uzitabwa n'umuntu ashobora kuguha umusobanuzi. Guhamagara ni ku buntu. Nimba ufise ubumuga, turashobora kugufasha ku buntu. TTY nimero kuri 711.

Swahili (KiSwahili) –
Barua hii ina maelezo muhimu kuhusu Mpango wako wa Usaidizi wa Lishe ya Ziada (SNAP) na Familia Kwanza (Families First). Ikiwa unahitaji usaidizi kuelewa ujumbe huu, mtu anaweza kukusaidia kwa Kiingereza unapopiga simu kwa 1-866-311-4287. Baada ya ujumbe uliorekodiwa utamfikia opereta ambaye anaweza kukupa mkalimani. Hii ni simu bila malipo. Ikiwa una ulemavu, tunaweza kukupa usaidizi bila malipo. Nambari ya TTY kwa 711.

Somali (Soomaali) –
Warqaddan waxaa ku qoran macluumaad muhiim ah oo ku saabsan Barnaamijka Gargaarka ee Kabka Nafaqada (SNAP) iyo Families First. Haddii aad u baahan tahay caawimaad ah in aad fahamto fariintan, qof ayaa kugu caawin kara Ingiriisiga marka aad soo wacdo 1-866-311-4287. Farriinta duuban kadib, waxaa lagugu xiri doonaa shaqaalaha howl-wadeenka oo kugu xiri kara turjumaan. Waa wacitaan bilaash ah. Haddii aad tahay qof naafo ah, waxaan ku siin karnaa kaalmo bilaash ah. Qadka Dadka Maqalka ku Adag (TTY) waa 711.

العربية(Arabic) –
تحتوي هذه الرسالة على معلومات هامة عما يخصك من برنامج Supplemental Nutrition Assistance Program (SNAP) وبرنامج Families First. وإذا كنت بحاجة إلى مساعدة على فهم هذه الرسالة، يمكن لشخص أن يساعدك باللغة الإنجليزية عندما تتصل بالرقم 1-866-311-4287. وبعد الرسالة المسجلة، سيتم وصلك بعامل هاتف يستطيع تزويدك بمترجم فوري. هذه المكالمة مجانية. وإذا كانت لديك إعاقة، يمكننا تزويدك بمساعدة مجانية. رقم طابعة TTY هو 711.

Vietnamese (Tiếng Việt) –
Trong thư này có nhiều thông tin quan trọng về Chương trình Hỗ trợ dinh dưỡng bổ túc (Supplemental Nutrition Assistance Program, SNAP) và Families First của quý vị. Nếu quý vị cần được giúp đỡ để hiểu nội dung thư này, xin gọi số 1-866-311-4287 và sẽ có người trợ giúp quý vị bằng tiếng Anh. Sau đoạn tin nhắn ghi âm sẵn trong điện thoại, nhân viên tổng đài sẽ tiếp chuyện với quý vị và sẽ chuyển quý vị đến nói chuyện với thông dịch viên. Cuộc gọi này miễn phí. Nếu quý vị bị khuyết tật, chúng tôi có thể trợ giúp miễn phí cho quý vị. Xin gọi 711 để sử dụng TTY.

Karen (မြန်မာအက္ခရာ) –

လံာ်ပရၢအံၤပၣ်ဃုာ်ဒီးတၢ်ဂ့ၢ်တၢ်ကျိၤအရွဒိၣ်ဘၣ်ဃးဒီး နဲ တၢ်မၤပှဲၤထိၣ်စၢၤတၢ်အိၣ်နှ့ၢ်ဂံၢ်နှ့ၢ်ဘါ တၢ်တိစၢၤမၤစၢၤတၢ်တိာ်ကျဲၤ (Supplemental Nutrition Assistance Program (SNAP) ဒီး Families First တဖၣ်အဂီၢ်လီၤ. နမ့ၢ်လိၣ်ဘၣ်တၢ်တိစၢၤမၤစၢၤလၢနကနၢ်ပၢၢ်တၢ်ကစိၣ်နှၣ်, ပှၤတဂၤဂၤမၤစၢၤနၤလၢအဲကလံးကျိာ် ဖဲနကိး 1-866-311-4287 အခါသ့နှၣ်လီၤ. ဖဲတၢ်ဖိၣ်ဟ်တ့ၢ်တၢ်ကလုၢ်ခီဖျိလိတဲစိဝံၤအလိၢ်ခံ နကတဲဘၣ်တၢ်ဒီးပှၤဖိၣ်လိတဲစိ လၢအကရဲၣ်ကျဲၤန့ၢ်နၤဒီးပှၤတဲကျိးထံတၢ်တဂၤနှၣ်လီၤ. တၢ်ကိးလိတဲစိအံၤမ့ၢ်အကလိလီၤ. နမ့ၢ်အိၣ်ဒီးကှၢ်ဂိၤတလၢတပှဲၤနှၣ်, ပရဲၣ်ကျဲၤဟ့ၣ်လိၤနၤတၢ်တိစၢၤမၤစၢၤလၢအကလိ သ့နှၣ်လီၤ. ကိး TTY နိၣ်ဂံၢ် ဖဲ 711.

(Farsi) فارسی –

این نامه شامل اطلاعات مهمی در باره برنامه کمک هزینه مواد غذایی (اسنپ - SNAP) و فمیلیز فرست (Families First) می باشد. اگر برای درک این پیام به کمک احتیاج دارید، می توانید با شماره تلفن 1-866-311-4287 تماس بگیرید و به زبان انگلیسی توضیحات برای شما فراهم خواهد شد. پس از اتمام پیام به زبان انگلیسی گوشی را قطع نکنید زیرا اپراتور روی خط می آید و برای ارتباط شما با مترجم به شما کمک می کند. تماس با این شماره تلفن رایگان است. اگر هر گونه معلولیتی دارید، ما می توانیم برایتان تسهیلات رایگان فراهم کنیم. ناشنوایان لطفا با شماره 711 تماس حاصل کنید.

Nepali (नेपाली) -

यो पत्रमा तपाईंको पूरक पोषण सहायता कार्यक्रम (Supplemental Nutrition Assistance Program (SNAP)) र परिवार पहिले (Families First) बारे महत्त्वपूर्ण जानकारी समावेश छ। तपाईंलाई यो सन्देश बुझ्न सहायता आवश्यक परेमा, तपाईंले 1-866-311-4287 मा कल गर्दा कसैले अङ्ग्रेजीमा मद्दत गर्न सक्छ। रेकर्ड गरिएको सन्देशपछि तपाईं अपरेटरकहाँ पुग्नुहुनेछ जसले तपाईंलाई दोभाषे उपलब्ध गराउन सक्छन्। यो निःशुल्क कल हो। तपाईंमा अशक्तता भएमा, हामी तपाईंलाई निःशुल्क सहायता उपलब्ध गराउन सक्छौं। TTY नम्बर 711 मा।

Burmese (ျမန္မာ) –

ဤစာတြင္ သင္၏ (အာဟာရျဖည့္ဆည္းမႈပံ့ပိုးေပးသည့္ အစီအစဥ္) SNAP ႏွင့္ (မိသားစုမ်ား ဦးစားေပး) Families First အေၾကာင္း အေရးၾကီးသည့္ အခ်က္အလက္မ်ား ပါပါသည္။ ဤသတင္းစကားကို နားလည္ရန္ အကူအညီလိုအပ္ပါက 1-866-311-4287 ကိုဖုန္းဆက္လွ်င္ တစ္ဦးတစ္ဦးမွ အဂၤလိပ္ဘာသာျဖင့္ ကူညီႏိုင္ပါသည္။ အသံဖမ္းထားသည့္ မွာၾကားခ်က္မ်ား အျပီးေနာက္တြင္ သင္သည္ ေအာ္ပေရတာတစ္ဦးထံ ေရာက္ရွိသြားျပီး ၎မွ သင့္အား စကားျပန္တစ္ဦးေပးပါမည္။ ဤသည္မွာ အခမဲ့ဖုန္းေခၚဆိုျခင္း ျဖစ္ပါသည္။ သင္၌မသန္စြမ္းမႈတစ္ခုရွိပါက ကၽြႏ္ုပ္တို့ထံမွ သင့္ကို အခမဲ့အကူအညီ ေပးႏိုင္ပါသည္။ (နားမၾကားသူမ်ားႏွင့္ စကားမေျပာႏိုင္သူမ်ားအတြက္) TTY နံပါတ္မွာ 711 ျဖစ္သည္။

(Bahdini Kurdish) کورمانجیا بادینی –

ئەڤ بەرنامەیە پێکهاتی ژ زانیاریێت گرینگ دەرباری بەرنامەیا خوارمکا تەکمیلی (Supplemental Nutrition Assistance Program (SNAP)) و یەکەم مالباتە (Families First). هەکە تە ژبۆ تێگەهیشتنا وانەیا ڤێ پەیامێ هەوجەتی ب یارمەتی و ئالیکاریێ هەیە، دەما کو تەلەفونی هەژمارا 1-866-311-4287 دکی، کەسەک دشە ب زمانێ ئەنگلیزی ئالیکاریا تە بکە. پشتی بهیستنا پەیاما قەیدکری، دێ تێکلیا تە دگەل ئۆپەراتور چێبە و ئەو دشت وەرگێرەکی بۆ تە بدەت ناساندن. ئەڤ پێوەندیا تێلیفونی بێپەرە یە. هەکە تو نەبیشکان ژان کێم-ئەندامی، ئەم دشن ئالیکاریێن بێپەرە و بەلاش بدن بەر دەستێ تە. هەژمارا TTY ئەڤە: 711.

(Sorani Kurdish) سۆرانی –

ئەم نامەیە هەندێک زانیاری گرینگی تێدایە دەربارەی بەرنامەی یارمەتیدانی خۆراکی تەواوکاری (Supplemental Nutrition Assistance Program (SNAP)) و سەرەتا بنەماکان (Families First). ئەگەر بۆ تێگەیشتن لەم نامەیە پێویستیت بە یارمەتییە، کاتی پەیوەندی کردن بە ژمارەی 1-866-311-4287، کەسێک دەتوانێت بە زمانی ئینگلیزی یارمەتیت بدات. پاش بیستنی پەیامی تۆمارکراو دەتوانیت پەیوەندی بکەیت بە ئۆپەراتۆرەوە و ئەو دەتوانێت وەرگێرت بۆ دابین بکات. ئەم پەیوەندییە بێبەرامبەرە. ئەگەر کەمئەندامیت، دەتوانین یارمەتی بێبەرامبەرت بۆ دابین بکەین. چاپی بروسکەیی TTY بریتییە لە: 711.

Tennessee Department of Human Services, Authorization No. 345678, 4,000,000 copies, July 2023. This public document was promulgated at a cost of $0.11 per copy.

DAVIDSON CO. DEPT. OF HUMAN SERVICES
227 FRENCH LANDING DRIVE
FIRST FLOOR
NASHVILLE, TN 37228-1605

https://www.tn.gov/humanservices

BRANDI TAPIA
510 HERITAGE DR
APT 64
MADISON TN 37115-2698

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Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Brandi Tapia
Application Number: T47806883
Customer ID: 738036107
Date: 02/22/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Missed Interview

You missed your interview February 21, 2024, 1:00 PM CST/2:00 PM EST.

You applied for assistance. This letter is to let you know that you have not completed your interview as we requested. You need to contact the Families Assistance Service Center at **1-866-311-4287** to reschedule your interview.

If you do not contact us to complete your interview, your application will be denied. Please do not wait to complete your interview.

For SNAP, you must complete your interview by February 09, 2024. Please ignore this notice if you recently completed your SNAP interview.

This interview is for SNAP.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):

You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:

- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:

- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

You can talk about SNAP or Families First problems. This is a free call.

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STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Brandi Tapia
Case Number: 279008982
Customer ID: 738036107
Date: 02/29/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

This Notice of Decision includes information about SNAP and Families First.

SNAP

Your application for SNAP benefits has been completed. You have been determined eligible for SNAP for the months of January 2024 through June 2024.

Your first allotment for the months of January 2024, February 2024 and March 2024 will be $1,449.00 and then you will receive $535.00 each month.

Please note that if you applied after the first day of the month, your first month of benefits is a partial benefit.

Your first month's SNAP benefits will be available once you receive your Electronic Benefits Transfer (EBT) card or if you already have a card, they will be available immediately.
You will receive your benefit on the 4th day of each month.

- If you are a Simplified Reporting household, you must report the following changes:
  - o If the amount of money that comes into your household goes above the gross income limit $2,137.00 for your household size in a month, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household is an ABAWD (Able bodied Adult Without Dependents) whose hours go below an average 20 hours per week, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household wins $4,250.00 or more from the lottery or gambling, report this information 10 calendar days of the receipt of the winnings.
- Non-simplified reporting households are required to report changes within ten (10) days of the date the change becomes known to the household.

Households approved for SNAP will continue to receive them unless there is a change in their situation.

If your household is certified for 24 months you will need to provide a completed Mid-Certification Form in your 12th month of receiving SNAP.
You will need to complete a SNAP Renewal in June, 2024 to review your eligibility**.** Before your eligibility ends, we will send you a letter telling you what to do to keep getting SNAP benefits.

You can continue to use your EBT benefits on your card until the SNAP benefits in your account are gone. We will permanently expunge unused SNAP benefits from your account after nine months of inactivity. They will no longer be available after that time.

FAMILIES FIRST

You applied for Families First benefits on January 10, 2024. This letter is to let you know that we made a decision regarding your application.

Your application for Families First benefits has been denied for the following reason(s):

Reason	Policy Reference
'You requested your application be withdrawn or your case be closed.'	SR1-19-.07.

If you do not already have one, you will get an electronic benefit transfer (EBT) card in the mail in the next few days. EBT cards look like a debit or credit card. You use it to pay for groceries with your SNAP benefits or withdraw cash with your Families First benefits. Your EBT card will come with instructions about how to use it, how to set a personal identification number (PIN), and how to check the balance.

If you already have an EBT card, you can continue to use that card and PIN. Please keep this card it can be used in the future. If you have an EBT card and cannot find it, call EBT Customer Service at 1-888-997-9444 to request a replacement.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):

You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

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- We can change what you have to do.

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- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at : https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint, and at any USDA office,or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form,call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at:http://www.fns.usda.gov/snap/contact_info/hotlines.htm

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697(TTY)

This institution is an equal opportunity provider.

Families First Notice of Family Cap Rule

The Family Cap Rule means that, if you or anyone included in your assistance unit who has a child becomes pregnant while receiving FAMILIES FIRST cash assistance, you may not be eligible for additional cash assistance for the newborn child. The Family Cap Rule affects families as follows:

- The Family Cap Rule applies when the birth occurs more than ten (10) calendar months after the Families First application month.
- The Families First Cash Assistance will not increase with the addition of a family capped child.
- The Family Cap applied to a child(ren) will continue until the Families First case is closed, unless closure is due to non-compliance with departmental policies.
- Child care is provided for the Family Capped child if necessary for the customer to meet their work and/or educational activity.

The Family Cap Rule does not apply in the following circumstances:

- A child born more than ten (10) months after the application month, but was conceived prior to the application for assistance.
- The first (1st) child born to a minor parent in a Families First case.
- Children, other than newborns, who join the Families First case.
- A child who is born as a result of incest or rape.

For question, please call the Family Assistance Service Center (FASC): 1-866-311-4287. The FASC is here to help Monday-Friday 8am to 4:30pm CST.

DIVISION OF APPEALS AND HEARINGS
JAMES K. POLK BUILDING, 1ST FLOOR
505 DEADERICK STREET
NASHVILLE, TENNESSEE 37243
TELEPHONE: 833-772-8347 OR TTY: 711
FAX: (615) 248-7013

https://www.tn.gov/humanservices

BRANDI TAPIA
510 HERITAGE DR
APT 64
MADISON TN 37115-2661

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STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: BRANDI TAPIA
Appeal Number: 240136681
Customer ID: 738036107
Date: 05/14/2024

Notice of Hearing

You asked for a SNAP appeal. Because you requested a telephone hearing, your Hearing will be conducted by telephone with a DHS Administrative Judge and a representative(s) of the Tennessee Department of Human Services. You can have an attorney represent you. Your local Legal Services office can tell you if you can get free or low cost legal help.

DATE: 05/24/2024

TIME: 01:00 PM CST / 02:00 PM EST

Do you have an attorney who will help you with your appeal? If so, tell them to send us a letter that they will be helping you with your appeal. It should include your name and docket number. If you do not tell us you have an attorney, your appeal may take longer.

This may be sent by mail to:

Department of Human Services
Division of Appeals and Hearings
James K. Polk Building, 1st Floor
505 Deaderick Street
Nashville, Tennessee 37243

Or you can fax your letter to us at (615) 248-7013 or (866) 355-6136
or e-mail us at AppealsClerksOffice.DHS@tn.gov

You will be contacted by telephone during the time noted above at a phone number you have provided which is/are (615) 946-9011. How long it takes to contact you depends on how many phone hearings are scheduled that day. **You will receive a packet of evidence in a separate envelope if one is not included with this notice. Please have this packet ready for review during your hearing.**

ISSUE: (Appellant) is a Tennessee resident whose application for Supplemental Nutrition Assistance Program (SNAP) benefits was denied.

FACTS OF THE CASE: The Appellant applied for SNAP benefits through the Department of Human Services (DHS). The Appellant's application for SNAP benefits was denied. DHS records reflect that the Appellant failed to submit all requested verifications by the required deadline for the purposes of SNAP eligibility.

LEGAL AUTHORITY: Tenn. Comp. R. & Regs. 1240-1-14, Tenn. Comp. R. & Regs. 1240-1-16

If you would like further information regarding the legal authority listed above, you can visit the following websites:
https://www.ecfr.gov/cgi-bin/ECFR?page=browse
https://www.govinfo.gov/app/collection/uscode
http://www.lexisnexis.com/hottopics/tncode/
https://publications.tnsosfiles.com/rules/1200/1200.htm
https://publications.tnsosfiles.com/rules/1240/1240.htm

Our contact information for all administrative appeal purposes is by phone at (833-772-8347) or TTY (711) or by e-mail at AppealsClerksOffice.DHS@tn.gov or by fax at (615) 248-7013 or (866) 355-6136. The mailing address is:

Department of Human Services
Division of Appeals and Hearings
James K. Polk Building, 1st Floor
505 Deaderick Street
Nashville, Tennessee 37243

This case is adjudicated under Tennessee Code Annotated Section 4-5-301, et seq. and State Rule 1240-05-01, et seq. If you wish to read the rules the County Office used, they will be shown to you at the County Office if you ask or you can look at them online at the following web address (look for the rule cited above as the legal authority):
https://publications.tnsosfiles.com/rules/1240/1240.htm

At the Hearing, you or someone you tell to come and talk for you will be given a chance to:

(a) look at all papers and records to be used at the Hearing unless specifically excluded as confidential medical information by your healthcare provider;

(b) present your case through witnesses and written evidence or have it presented by your lawyer or other person you want to help you;

(c) bring people such as members of your family who know your situation;

(d) tell your side of the story;

(e) tell why you think any testimony or evidence is wrong; and,

(f) give evidence that tells your side of the story.

Both parties to this Hearing should be ready to present their case, with all evidence that tells their side of the story, on the scheduled Hearing date. Should you wish to subpoena a person or persons, or documents, please call (833-772-8347) or TTY (711) or e-mail us at AppealsClerksOffice.DHS@tn.gov or send us a fax at (615) 248-7013 or (866) 355-6136. You may also go to the County Office and look at your file before the hearing. You may copy any of the papers in your file. Any available medical evidence not reviewed by Disability Determination Services must be submitted before or at the Hearing or it cannot be considered in adjudicating your appeal.

If you want a lawyer and cannot pay for one, you can ask for free legal help at the closest Tennessee Legal Services Program or Legal Aid Office. They can be reached at one of the phone

numbers below:

Legal Aid Society of Middle Tennessee and the Cumberlands	“(800) 238-1443” or TTY (711)
Legal Aid of East Tennessee	“(865) 637-0484” or TTY (711)
West TN Legal Services, Inc.	“(731) 423-0616” or TTY (711)
Memphis Area Legal Services, Inc.	“(901) 523-8822” or TTY (711)

You might be able to get legal help that does not cost very much through your local Bar Association or Lawyer Referral Service.

Since BRANDI TAPIA will be testifying by telephone, BRANDI TAPIA will need to send fax or e-mail copies of any papers to be used at the hearing to the DHS Administrative Judge and the representative for the Department of Human Services at fax number (615) 248-7013 or (866) 355-6136 or by e-mail at AppealsClerksOffice.DHS@tn.gov. Copies of the papers that the Department of Human Services intends to use are included with this notice or will be sent separately. Any additional papers from either party not available prior to or at the hearing may be submitted after the hearing at the discretion of the DHS Administrative Judge.

One or more of the witnesses for the Department of Human Services may testify at the hearing by telephone unless you object in writing by fax, mail, or email (contact information provided above).

Your written objection must be received in the Division of Appeals and Hearings at least five (5) calendar days before your scheduled hearing date.

If the DHS Administrative Judge does not hear from you, we will speak to you by phone on May 24, 2024.

Nancy McLean
Attorney

CC: Adrienne Y Freeman, Program Director, 505 Deaderick St, First Floor, Nashville, DAVIDSON, TN 37243

Melanie R Foster, Program Director, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

Molly B McDonald, Program Coordinator, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

Greg A Petrinjak, DHS Administrative Judge, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

Appeal #	Program	FA Case #	Appellant Name	Hearing Details	Appeal Age	Appeal Status	Appeal Type - Major Issue - Minor Issue	Linked Appeals
240136681	SNAP	279008982	TAPIA, BRANDI	05/24/2024 01:00 PM-03:30 PM (Central) "On Phone"	106	Scheduled	Eligibility Appeal-Denied Application-Verification	

CASE NOTE CREATED BY LATISHA, KARNES, LATISHA.K.KARNES@TN.GOV, DEHAICR ON 03/01/2024

Name: Brandi Tapia

Tracking Number: 240136681

Appeal file date: 01/10/2024

ACCENT Case Number: 0079008982 EBMS Case Number: 279008982

Major Issues: Denied Application

Minor Issues: Verification, Income - General

NOTICE: AE01 - D1 Denial notice mailed 12/06/2023

COB: Requested but not granted as denied application

CASE SYNOPSIS:

Appellant is appealing the denial of the 09/22/2023 application for SNAP. The application was denied because requested verification was not received. FARAS shows a direct deposit screen was received 11/20/2023 however that cannot be used as it does not show the gross income amount. A check stub was received on FARAS 12/18/2023 however the verification was received after the 60th day of the application. Sending to CP.

ARAD 0120563840 Case Number 0079008982 Recipient ID Received Date* 09/22/2023

County* DAVIDSON - 19

t Status Completed

gned To N/A Assigned Date N/A

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Brandi Tapia | Age: 34			
I am applying for:			
Families First:	N/A	**SNAP:**	Yes
What is the language most commonly spoken in the household?		**If an interview is required will you need an interpreter?**	
English		No	
Do you consider yourself homeless?		**County of Primary Residence**	
No		N/A	
Do you need an EBT Card?			
No			
Where You live		**Mailing Address**	
500 Cheyenne Blvd Lot 244 Madison, Tennessee 37115-4272, County - Davidson		500 Cheyenne Blvd Lot 244 Madison, Tennessee 37115-4272, County - Davidson	
Home Phone	**Cell/Other Phone**	**Work Phone**	**Email Id**
615-335-9730	615-335-9730	615-335-9730	bvazquez615@gmail.com

Relationship to Head of Household	Self
Relationship to Roman Velazquez	is the mother of

Case Number 0079008982 Recipient ID 00738036107 Received Date* 10/27/2023

Assigned Date N/A

1 / 1 55%

chime Get $100

View Transactions

Checking Account

-$170.00

View Transactions

Looking for My Paycheck?

You need a $200+ qualifying direct deposit before you can transfer funds from your next paycheck.

Set up direct deposit

Go to your pay

Savings Account

$0

ARAD 0120563640 Case Number 0079008982 Recipient ID 00738036107 Received Date* 10/27/2023

County* DAVIDSON - 19

nt Status Completed

igned To N/A Assigned Date N/A

PDFHandler.ashx 1 / 1 110%

DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF EMPLOYMENT SECURITY

SEPARATION NOTICE

1. Employee's Name: Brandi (First) Tapia (Middle Initial) (Last) 2. SSN [redacted]
3. Last Employed: From: 11/14/2022 (mm/dd/yyyy) to 09/18/2023 (mm/dd/yyyy) Occupation: Patient Services Representative
4. Where was work performed? Meharry Medical College
5. Reason for Separation: ☐ Lack of Work ☒ Discharge ☐ Quit
If lack of work, indicate if layoff is: ☐ Permanent ☐ Temporary - Recall Date (mm/dd/yyyy)
If temporary, report any vacation pay that will be paid. Week Ending Date (mm/dd/yyyy) Amount $
If layoff is indefinite vacation pay should not be reported.
6. Employee received: ☐ Wages in Lieu of Notice ☐ Severance Pay
In the amount of $ for period from (mm/dd/yyyy) to (mm/dd/yyyy)
If other than lack of work, explain the circumstances of this separation:
Job Abandonment
Employer's Name: Meharry Medical College
Address where additional information may be obtained: Employer's Telephone Number:

Case Number 0079008982 Recipient ID Received Date* 11/03/2023

Assigned Date N/A

1 / 1 88%

To Whom it may Concern: 11/02/23

I help my daughter Brandi Tapia pay for her rent and utility bills. This amounts is usually around $600 - $800 a month now that she is unemployeed. Also for my grandson Roman Velazquez.

Thank You,

Ray Vazquez

615-431-6785

Brandi Tapia rents a mobile home from me located at 500 cheyenne Blvd Lot 244 madison Tn 37115 Due to her losing her employment I am working with her on the Rent so that her and her son Roman Velazquez do not end up homeless I allow her to pay $600 a month This agreement will only last until Ms. Tapia Finds employment At which time the Rent amount will be revisited depending on how much she is making and can afford.

Thank you
Miguel Paredes
615-481-0982

CASE NOTE CREATED BY , , , FA CONVERSION ON 11/13/2023

COMMENT 001: S JACKSON / DEKAF24 / FASC CALLER NAME:BRANDI TAPIA DATE OF CALL:11/13/2023 CALL BACK NUMBER:615-335-9730

COMMENT 002: PHONE NUMBER ON AEICI:615-335-9730 EMAIL:LISTED IN SYSTEM ID VERIFIED BY:SSN DOB INTERPRETER NAME / ID NUMBER:NONE NEEDED

COMMENT 003: REASON FOR CALL:STATUS OF HER CASE. APP WAS SUBMITTED ON 09/22 AND SHOWS PENDING FOR VR IN FARAS. THERE ARE NO INTERVIEW NOTES IN THE SYSTEM TO SAY WHO COMPLETED THE INTERVIEW OR WHAT DATE. THERE ARE SEVERAL DOCUMENTS IN

COMMENT 004: FARAS UNDER THE SAME NAME BUT DOES NOT BELONG TO THIS CLIENT. SENT DISTRICT REFERAL TO DIST 6 TO SEE IF THE INTERVIEW NOTES CAN BE FOUND AND THE CASE PROCESSED. GAVE CALLER 211 INFORMATION.

CASE NOTE CREATED BY , , , FA CONVERSION ON 11/20/2023

TERMINATED; JOB ABANDONMENT;

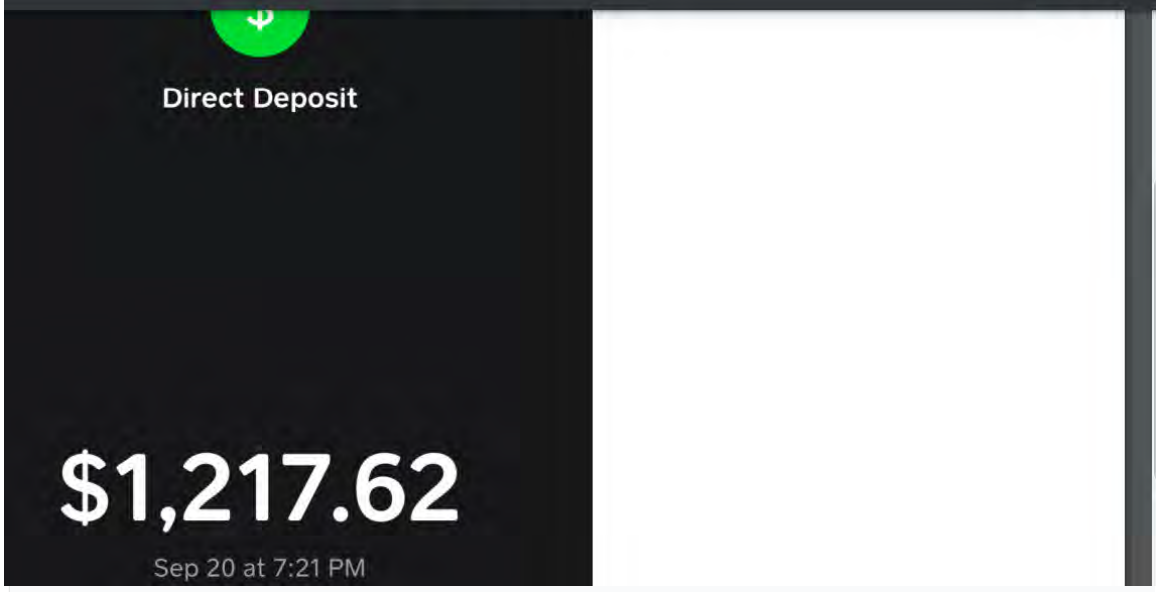
Case Number 0079008982 Recipient ID Received Date* 11/20/2023

ON - 19

ted

Assigned Date N/A

1 / 1 110%



Delete	Comment Date	Comment	Entered By
	11/20/2023	Can't use direct deposit screenshot cause it reflects net, need gross.	Lovin, Kimberly (DEC29EK)

CASE NOTE CREATED BY , , , FA CONVERSION ON 11/20/2023

COMMENT 001: (K. LOVIN / DEC29EK / INTAKE & RENEWAL TEAM) APPLICATION DATE: 9/22/23 PERSON INTERVIEWED: BRANDI TAPIA IF USED, INTERPRETER NAME & ID NUMBER: NONE
COMMENT 002: INTERVIEW DATE: 11/20/23 MISSED APPTS: NONE FOUND INCARCERATED AND DECEASED REPORTS CHECKED? YES, NO RECORD EDRS CHECKED? YES, NO RECORD
COMMENT 003: OUT-OF-STATE BENEFITS RECEIVED? NO IF YES, HOW VERIFIED: DO ALL APPLICANTS HAVE A VALID SOCIAL SECURITY NUMBER? YES IF NO, LIST AND EXPLAIN:
COMMENT 004: ARE THERE ANY HH MEMBERS NOT LISTED ON AEIHH? NO IF YES, LIST: P&P STATUS:BRANDI AND ROMAN P&P TOGETHER. DID CUSTOMER REPORT EARNED OR UNEARNED INCOME? YES, EARNED
COMMENT 005: IF YES, INCOME IS LISTED IN THE DRIVER. ----------DEDUCTION INFO---------- PAYING CHILDCARE EXPENSES FOR A CHILD NOT IN THE HOME (AEFCS)? NO IF YES, EXPLAIN:
COMMENT 006: MEDICAL EXPENSES FOR ELDERLY AND/OR DISABLED? NO IF YES, LIST NAME: IF YES, HOW VERIFIED AND MEDICAL EXPENSE DETAILS WILL BE DOCUMENTED SEPARATELY, PRIOR TO AUTHORIZATION.
COMMENT 007: --------INTERVIEW INFO VS APPLICATION INFO-------- DOES ALL INFORMATION ON THE APPLICATION MATCH THE CUSTOMER'S INTERVIEW STATEMENTS? YES IF NO, EXPLAIN DISCREPANCIES:
COMMENT 008: - WAS AN AUTHORIZED REP ADDED TO THIS CASE? NO IF YES, LIST: --------REQUIRED DOCUMENTATION NOTES---------
COMMENT 009: DID YOU USE 'CS DV DE OT PH RV TP' AS VER CODES? YES IF YES, EXPLAIN FOR EACH USE: AEIEI: DE-WORK# FOR INCOME -AEIID: DE - SOLQ FOR SSN AND DOB -AEIIA: DE - SOLQ FOR ID; CS - CITIZEN/MAR STAT/EMANP MNR
COMMENT 010: ARE EXPENSES GREATER THAN INCOME? NO IF YES, HOW ARE THEY BEING PAID? - ASSISTANCE WAS OFFERED TO CUSTOMER IN OBTAINING
COMMENT 011: VERIFICATIONS. WAS ASSISTANCE NEEDED? NO IF YES, EXPLAIN: IS CUSTOMER AGED 18-24 AND WAS PREVIOUSLY IN STATE CUSTODY AS A CHILD? NO
COMMENT 012: IF YES, YOUTH-IN-TRANSITION WEBSITE WAS GIVEN. CUSTOMER SCREENED FOR E&T REFERRAL & HANDOUT PROVIDED? YES DID CUSTOMER WANT TO VOLUNTEER FOR E&T? NO IF YES, WAS REFERRAL MADE?
COMMENT 013: WAS ABAWD EXPLAINED AND HANDOUT PROVIDED? YES WERE ABAWD COUNTABLE MONTHS RECEIVED IN ANOTHER STATE? NO IF YES, WHAT STATE AND HOW VERIFIED? IF YES, HOW MANY COUNTABLE ABAWD MONTHS?
COMMENT 014: ----------RIGHTS AND RESPONSIBILITIES---------- CUSTOMER SIGNED APPLICATION ACKNOWLEDGING RIGHTS & RESPONSIBILITIES, HIPAA, APPEAL RIGHTS, CIVIL RIGHTS, FRAUD, AND IS CAPABLE OF REPORTING CHANGES WITHIN 10 DAYS,
COMMENT 015: AS APPLICABLE. PAMPHLETS/EBT INFORMATION/SASE/ CHANGE REPORT FORM PROVIDED, INCLUDING IMPORTANT NOTICE ABOUT REPORTING CHANGES THAT EXPLAINS SIMPLIFIED REPORTING REQUIREMENTS.
COMMENT 016: HAS ANYONE IN THE HOUSEHOLD BEEN CONVICTED AS AN ADULT OF AGGRAVATED SEXUAL ABUSE, MURDER, SEXUAL EXPLOITATION AND OTHER ABUSE OF CHILDREN, A FEDERAL OR STATE OFFENSE INVOLVING SEXUAL ASSAULT, OR AN OFFENSE UNDER STATE LAW
COMMENT 017: DETERMINED TO BE SUBSTANTIALLY SIMILAR TO SUCH AN OFFENSE, AFTER FEBRUARY 7, 2014? NO IF YES, WHO? VIOLENT FELONY: NO
COMMENT 018: HOW VERIFIED: COMPLIANCE STATUS: HOW VERIFIED:
COMMENT 019: --------REPORTING REQUIREMENTS---------- IS CASE SR REPORTING? YES IF YES: CUSTOMER WAS ADVISED TO REPORT IF THE HOUSEHOLD GOES OVER THE GROSS INCOME LIMIT FOR THEIR CERTIFIED HOUSEHOLD SIZE
COMMENT 020: WITHIN THE FIRST 10 DAYS OF THE MONTH AFTER THEY GO OVER INCOME AND TO REPORT REDUCTION IN WORK HOURS IF AN ABAWD MEMBER'S WORK HOURS DROP BELOW 20 HOURS AND TO REPORT ANY LOTTERY OR GAMBLING WINNINGS ABOVE $4250. IF REQUIRED,
COMMENT 021: CUSTOMER WAS INFORMED OF MID-CERT FORM REQUIREMENTS. ---------- IS CASE 10-DAY REPORTING? NO IF YES: CUSTOMER WAS ADVISED TO REPORT ALL CHANGES WITHIN 10 DAYS.
COMMENT 022: ----------WRAP-UP---------- COLLATERAL CONTACTS: CC1: MIGUEL PAREDES (LANDLORD) 615-481-0982 CC2: RAY VAZQUEZ (DAD) 615-431-6785
COMMENT 023: DETAILS OF WHAT THE CC VERIFIED: MIGUEL PAREDES VERIFIED -HH COMP AND RESIDENCY. FIATS PERFORMED (IF YES, LIST): NONE MATCHES WORKED (IF YES, LIST): NONE
COMMENT 024: AEFPY DATE: 9/22/23 DIFFERENT THAN APPLICATION DATE?NO IF YES, EXPLAIN: REMINDER: IF MEDICAL EXPENSES, THEY WILL BE DOCUMENTED IN THE ONE-TIME AND/OR RECURRING MEDICAL EXPENSES SECTION.
COMMENT 025: ----------EBT CARD INFO---------- WAS EBT CARD REQUESTED: NO IF YES, DATE ADDRESS WAS VERIFIED AND CARD ORDERED: ----------
COMMENT 026: EC ASSIGNED RESCHEDULED APPT PER EXCEL SPREADSHEET. NO PREVIOUS INTERVIEW ATTEMPTS LISTED ON APPLICATION IN FARAS OR IN CLRC, AND APPLICATION IN FARAS MARKED PENDING. CUSTOMER STATED SHE HAD SPOKE WITH A WORKER A COUPLE OF
COMMENT 027: WEEKS AGO, BUT EC COULD FIND NO RECORD OF INTERVIEW NOTES. ---------- CASE DISPOSITION: PENDING - SEPTEMBER GROSS INCOME FROM MEHERRY MEDICAL COLLEGE
COMMENT 028: CERT PERIOD GIVEN? 9/22/23 - 2/29/24, PENDING APPROVAL IF LESS THAN 6 MONTHS, EXPLAIN WHY: (K. LOVIN / DEC29EK / INTAKE & RENEWAL TEAM)

CASE NOTE CREATED BY , , , FA CONVERSION ON 11/20/2023

CLIENT_RID:000738036107
NAM_EMPLOYER:MEHARRY MEDICAL COLLEGE

DTE_CCYYMM:202305
DTE_CCYYMM_END:202309
DTE_PAY_PERIOD_END_COMP:9999998
DTE_RECEIVED:20230505
AMT_GROSS:0001473.16
SW_NON_REP:Y
AMT_NON_CNTBLE:0000000.00

TXT_DOC_DATA1:COUNTING 3 REPRESENTATIVE PAY STUBS TOTALING $4433.07
TXT_DOC_DATA2:AVG PAYCHECK = $4433.07 / 3 = $1477.69

; CLIENT_RID:000738036107
NAM_EMPLOYER:FIRSTSOURCE SOLUTIONS USA, LLC

DTE_CCYYMM:202309
DTE_CCYYMM_END:202309
DTE_PAY_PERIOD_END_COMP:9999997
DTE_RECEIVED:00000000
AMT_GROSS:0000000.00
SW_NON_REP:
AMT_NON_CNTBLE:0000000.00

TXT_DOC_DATA1:OCTOBER 2023. JOB ENDED ON 10/14/23. USING ACTUAL INCOME.
TXT_DOC_DATA2:

; CLIENT_RID:000738036107
NAM_EMPLOYER:FIRSTSOURCE SOLUTIONS USA, LLC

DTE_CCYYMM:202310
DTE_CCYYMM_END:202310
DTE_PAY_PERIOD_END_COMP:9999997
DTE_RECEIVED:00000000
AMT_GROSS:0000000.00
SW_NON_REP:
AMT_NON_CNTBLE:0000000.00

TXT_DOC_DATA1:1 IN OCTOBER. JOB ENDED 10/14/23. USING ACTUAL INCOME.
TXT_DOC_DATA2:

; CLIENT_RID:000738036107
NAM_EMPLOYER:MEHARRY MEDICAL COLLEGE

DTE_CCYYMM:202305
DTE_CCYYMM_END:202309
DTE_PAY_PERIOD_END_COMP:9999997
DTE_RECEIVED:20230421
AMT_GROSS:0001492.64
SW_NON_REP:Y
AMT_NON_CNTBLE:0000000.00

TXT_DOC_DATA1:MONTHLY GROSS = $1477.69 * 2.15 = $3177.03
TXT_DOC_DATA2:FLUCTUATING PAY

; CLIENT_RID:000738036107
NAM_EMPLOYER:FIRSTSOURCE SOLUTIONS USA, LLC

DTE_CCYYMM:202310
DTE_CCYYMM_END:202310
DTE_PAY_PERIOD_END_COMP:9999998
DTE_RECEIVED:20231012
AMT_GROSS:0001468.51
SW_NON_REP:Y
AMT_NON_CNTBLE:0000000.00
TXT_DOC_DATA1:VERIFIED BY THE WORK NUMBER W/ CUSTOMER'S PERMISSION. BRANDI
TXT_DOC_DATA2:RECEIVED TWO PAYSTUBS TOTAL FOR THIS JOB; 1 IN SEPTEMBER AND

; CLIENT_RID:000738036107
NAM_EMPLOYER:FIRSTSOURCE SOLUTIONS USA, LLC

DTE_CCYYMM:202309
DTE_CCYYMM_END:202309
DTE_PAY_PERIOD_END_COMP:9999998
DTE_RECEIVED:20230928
AMT_GROSS:0000734.92
SW_NON_REP:Y
AMT_NON_CNTBLE:0000000.00

TXT_DOC_DATA1:VERIFIED BY WORK NUMBER W/ CUSTOMER'S PERMISSION.
TXT_DOC_DATA2:WORK# SHOWS BRANDI RECEVIED 1 PAYSTUB IN SEPTEMBER AND 1 IN

CNHD **NOTICE HISTORY DETAIL**

CASE **0079008982** CAT **FS** SEQ **01**

NOTICE TYPE **CM06 - P1**

ACTION TAKEN: **MISSING VERIFICATIONS-APPLICATION FOLLOW-UP LETTER** **WORKER**

NOTICE REQUESTED **112023** NOTICE MAILED **112123** NOTICE LANG: **EN** **DEV19DA**

TAQIA **S WESLEY**

****COUNTY****

19 DAVIDSON

****MAILED TO****

RESPONSE REQ **120123** **BRANDI** **N TAPIA**

500 **CHEYENNE** **BL**

RETROACTIVE **LOT 244**

DATES **MADISON** **, TN** **371154244**

RECOUPMENT MONTHS **0** PERCENT ****AG NAME****

PROVIDER **BRANDI** **N TAPIA**

NET RESOURCES **0.00** WORK PROGRAM

GROSS INCOME **0.00** APPOINTMENT TIME **0000** ****NOTICE REASONS****

LAST DUP SENT/LANG: CLIENT DUP REQ?

LAST COPY SENT/LANG: WORKER COPY REQ?

DUP/COPY LANGUAGE REQUEST? __ 19 VERIFICATION DETAIL

PFKEYS: 15 DUPLICATE, 16 COPY, 17 RETURN TO SUMMARY

NEXT TRAN: _____ PARMS: _____

AEVTR **VERIFICATION TIMEFRAME REQUEST**
COUNTY: 19 CASE: 0079008982 CAT: FS SEQ: 01
AGNAME: BRANDI TAPIA WORKER: DEV19DA
EFFECTIVE BEGIN DATE: 04/26/24 STATUS: MAIL NOTICE? _ (Y/N)

NAME	VERIFICATION DESCRIPTION	DATE MAILED
BRANDI TAPIA	PIP IDENTIFICATION CODE	11212023
not needed		
	GROSS EARNED INCOME	11212023
Please provide proof of your gross income received in September from Meherry Medical College, (paystubs or employer statement).		
WORKER COMMENT		11212023
All Written statements must be signed, dated, with a contact number. You can submit verifications to your local DHS office,		11212023
fax to 865-828-4114 or through Case Connect https://onedhs.tn.gov/csp. Please include your case # on all		11212023
documents being submitted. If you have any questions please contact the FASC at		

AEVTR **VERIFICATION TIMEFRAME REQUEST**
COUNTY: 19 CASE: 0079008982 CAT: FS SEQ: 01
AGNAME: BRANDI TAPIA WORKER: DEV19DA
EFFECTIVE BEGIN DATE: 04/26/24 STATUS: MAIL NOTICE? _ (Y/N)

NAME	VERIFICATION DESCRIPTION	DATE MAILED
WORKER COMMENT		11212023
866-311-4287.		

CASE NOTE CREATED BY , , , FA CONVERSION ON 12/05/2023

COMMENT 001: WORKING PENDING LOG. DENYING CASE DUE TO NOT RECEIVING PROOF OF YOUR GROSS INCOME REC'D IN SEPT FROM MEHERRY MEDICAL COLLEGE(PAYSTUBS OR EMPLOYER STATEMENT. ALL SIGNED STATEMENTS MUST BE SIGNED , DATED WITH A CONTACT NUMBER.
COMMENT 002: (DEKCE66/ BROOKE KING/ FASC)
COMMENT 003: EC ASSISTING IN PROCESSING. CASE WAS PENDING FOR PROOF OF SEPT INCOME, PER CLRC 12/5, INCOME VERIFICATION NOT RECEIVED ACTION TAKEN 12/5 BY DEKCE66/APPLICATION DENIED. NO ACTION NEEDED.

CNHD **NOTICE HISTORY DETAIL**
CASE **0079008982** CAT **FS** SEQ **01**
NOTICE TYPE **AE01 - D1**
ACTION TAKEN: **DENIAL-ALL PROGRAMS (EXCEPT SLMB)** **WORKER**
NOTICE REQUESTED **120523** NOTICE MAILED **120623** NOTICE LANG: **EN** **DEV19DA**
TAQIA **S WESLEY**
****COUNTY****
19 DAVIDSON

APPLICATION **092223** ****MAILED TO****
EFFECTIVE **120523** **BRANDI** **N TAPIA**
500 **CHEYENNE** **BL**
RETROACTIVE **LOT 244**
DATES **MADISON** **, TN 371154244**

RECOUPMENT MONTHS **0** PERCENT ****AG NAME****
PROVIDER **BRANDI** **N TAPIA**
NET RESOURCES **0.00** WORK PROGRAM
GROSS INCOME **0.00** APPOINTMENT TIME **0000** ****NOTICE REASONS****
LAST DUP SENT/LANG: CLIENT DUP REQ? **375**
LAST COPY SENT/LANG: WORKER COPY REQ? **305**
DUP/COPY LANGUAGE REQUEST? __

CNHC **WORKER COMMENT HISTORY**

CASE/APPL NBR. 0079008982 ***** WORKER *****
CAT/SEQ FS - 01 DEV19DA
DATE/TIME REQUEST 12/05/2023 11:34 TAQIA WESLEY
REASON CODE 375/305/
NOTICE TYPE AE01 - D1
ACTION TAKEN DENIAL-ALL PROGRAMS (EXCEPT SLMB)
NOTICE LANGUAGE EN

You did not help us prove your eligibility.

LAST DUP SENT/LANG: CLIENT DUP REQ?
LAST COPY SENT/LANG: WORKER COPY REQ?
DUP/COPY LANGUAGE REQUEST? __

ARAD Case Number 0079008982 Recipient ID Received Date* 12/06/2023
County* DAVIDSON 19
Document Status Completed
Assigned To N/A Assigned Date N/A

SKM_C360i23112016290 1 / 1 109%

Meharry Medical College
1005 Dr DB Todd, Jr. Blvd
Nashville, Tennessee 37208-3599
615-327-6111

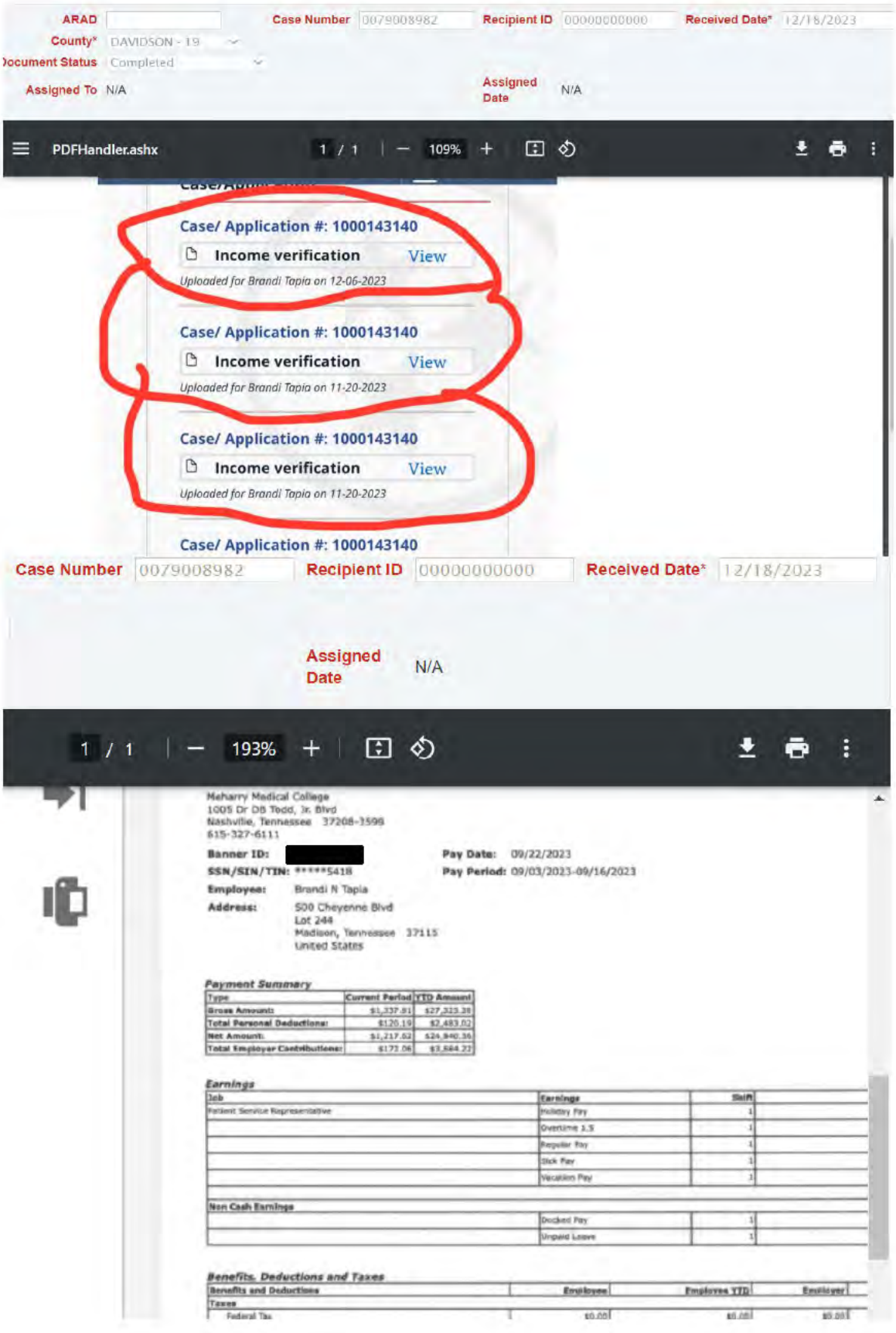
Banner ID: [redacted] **Pay Date:** 09/22/2023
SSN/SIN/TIN: *****5416 **Pay Period:** 09/03/2023-09/16/2023
Employee: Brandi N Tapia
Address: 500 Cheyenne Blvd
Lot 244
Madison, Tennessee 37115
United States

Payment Summary

Type	Current Period	YTD Amount
Gross Amount:	$1,337.81	$22,323.28
Total Personal Deductions:	$120.19	$2,483.02
Net Amount:	$1,217.62	$24,840.36
Total Employer Contributions:	$172.06	$3,684.72

Earnings

Job	Earnings	Shift	Hours or Units	Rate	
Patient Service Representative	Holiday Pay	1			
	Overtime 1.5	1			
	Regular Pay	1	15.35	$18.750000	
	Sick Pay	1	56.00	$18.750000	
	Vacation Pay	1			


ARAD
Case Number 0079008982
Recipient ID 00000000000
Received Date* 12/18/2023
County* DAVIDSON - 19
Document Status Completed
Assigned To N/A
Assigned Date N/A
PDFHandler.ashx
1 / 1
109%
Case/ Application #: 1000143140
Income verification View
Uploaded for Brandi Tapia on 12-06-2023
Case/ Application #: 1000143140
Income verification View
Uploaded for Brandi Tapia on 11-20-2023
Case/ Application #: 1000143140
Income verification View
Uploaded for Brandi Tapia on 11-20-2023
Case/ Application #: 1000143140
Case Number 0079008982
Recipient ID 00000000000
Received Date* 12/18/2023
Assigned Date N/A
1 / 1
193%
Meharry Medical College
1005 Dr DB Todd, Jr. Blvd
Nashville, Tennessee 37208-3599
615-327-6111
Banner ID: [redacted]
SSN/SIN/TIN: *****5418
Pay Date: 09/22/2023
Pay Period: 09/03/2023-09/16/2023
Employee: Brandi N Tapia
Address: 500 Cheyenne Blvd
Lot 244
Madison, Tennessee 37115
United States
Payment Summary
Type
Current Period
YTD Amount
Gross Amount: $1,337.81 $27,323.38
Total Personal Deductions: $120.19 $2,483.02
Net Amount: $1,217.62 $24,840.36
Total Employer Contributions: $173.06 $3,684.27
Earnings
Job
Earnings
Shift
Patient Service Representative
Holiday Pay 1
Overtime 1.5 1
Regular Pay 1
Sick Pay 1
Vacation Pay 1
Non Cash Earnings
Docked Pay 1
Unpaid Leave 1
Benefits, Deductions and Taxes
Benefits and Deductions
Employee
Employee YTD
Employer
Taxes
Federal Tax $0.00 $0.00 $0.00

CASE NOTE CREATED BY BETTY, MCRAE-CHERRY, BETTY.MCRAE-CHERRY@TN.GOV, DEKSC22 ON 12/21/2023

brandi tapia

id verified by ss# and dob

interpreter not needed

caller submitted verification 12/6/23. someone told her they could not see the document. i was able to find it and it would show, when pulled up by her name only. gave client case number for portal linking. gave 211 information. sent request for verification to be processed. explained this last verification submitted on 12/18/23 would generate a task by itself. caller only concern is that this has been going since september.

CASE NOTE AMENDED BY ANGELA , BRAZAN , ANGELA.BRAZAN@TN.GOV , DEV79CJ ON 12/27/2023

Customer Name:brandi tapia
Id verified by:ssn/dob
Contact Phone Number:6156469011
Interpreter info if used//n/a
*Brief narrative of what was done such as reschedule form completed and customer provided new phone number of xxx-xxx-xxxx for the next reschedule appointment.*caller submitted verification 12/6/23. someone told her they could not see the document. i was able to find it and it would show, when pulled up by her name only. gave client case number for portal linking. gave 211 information. sent request for verification to be processed. explained this last verification submitted on 12/18/23 would generate a task by itself. caller only concern is that this has been going since septembe

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: Brandi N Tapia
Case Number: 279008982
Customer ID: 738036107
Date: 12/26/2023
Family Assistance Service Center: 1-866-311-4287

Notice Delivery Option

You have chosen to receive email and text notifications about viewing notices for your case online. You will **no longer** receive paper notices through the mail. However, you will continue to receive Verification Notices through the mail. You can view and print your notices at your convenience from your Customer Service Portal account. Follow the steps below to log in to your Customer Service Portal account and view your notices.

If you did not receive your email notifications, please check the spam folder. To prevent our emails from going to spam, add https://www.tn.gov/humanservices to your Contact List.

If your email address is invalid or inactive, we will automatically resume sending you paper notices.

Follow These Easy Steps to View Your Notice

Step 1 Using a computer or device with internet access Customer Portal at https://OneDHS.tn.gov

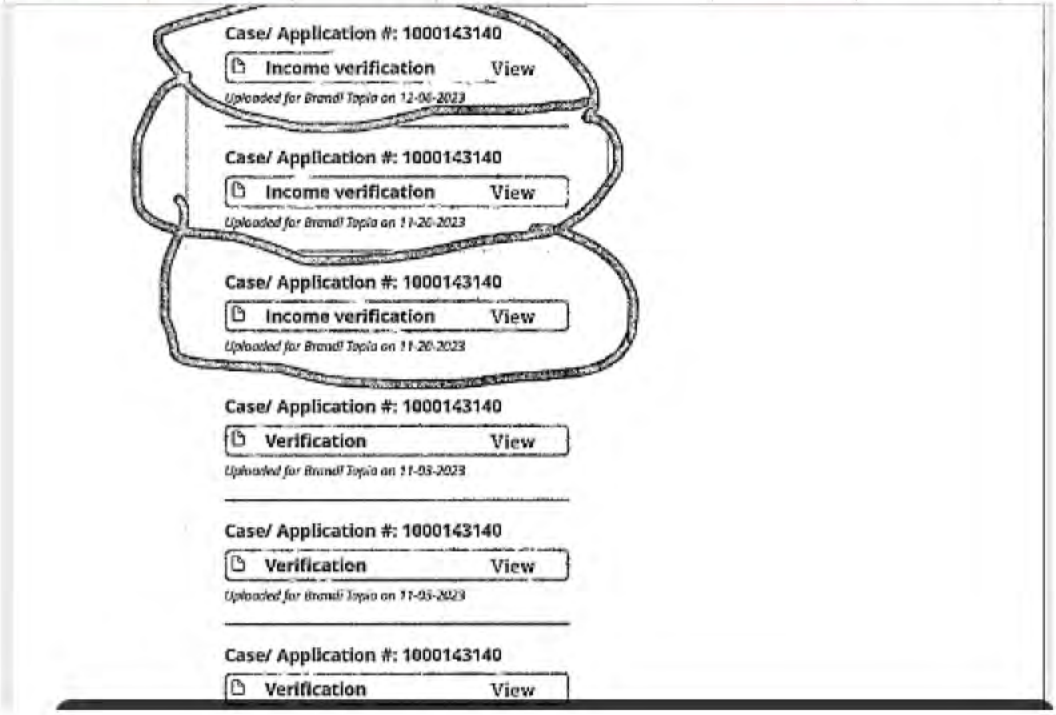
Step 2 On the page enter your Email Address and Password and click Log In.

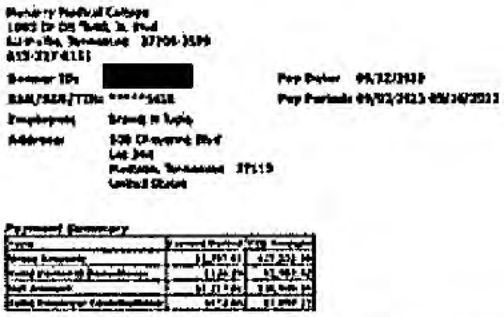
Step 3 Select 'Benefits Dashboard' and click 'Notices' in 'My Notices' section.

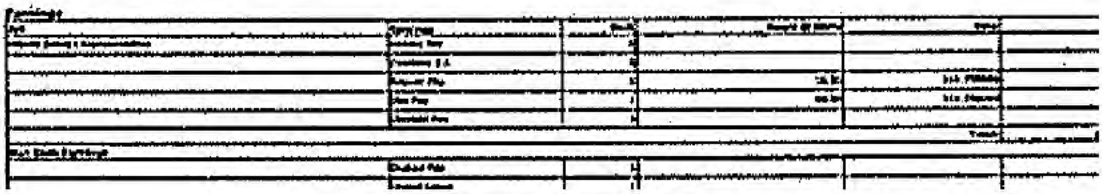
Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free [redacted]

Search Documents

Client Name	Case/App#	Appeal#	Document Type	Client ID	Received Date	DOB
Brandi Tapia	279008982		Initial Application Verif.		12/18/2023	[redacted]989
Brandi Tapia	T47806883		Customer Portal - Initial Application		01/10/2024	989
BRANDI TAPIA	279008982	240136681	File Appeal		01/10/2024	
BRANDI TAPIA	279008982		Verification	738036107	01/04/2024	
BRANDI TAPIA	279008982		Verification	738036107	01/04/2024	
BRANDI TAPIA	279008982		Verification	738036107	01/04/2024	







BRANDI TAPIA 279008982 Verification 738036107 01/04/2024

Payslip: Brandi Tapia: 10/28/2023 (Regular) - Complete

10:37 PM
11/20/202
Page 1 of

Company Information

Name	Address
Meharry Medical College	1005 Dr. D.B. Todd Jr. Blvd. Nashville, TN 37208 United States of America

Payslip Information

Name	Employee ID	Pay Period Begin	Pay Period End	Check Date	Check Number
Brandi Tapia	[redacted]	10/15/2023	10/28/2023	11/03/2023	

Current and YTD Totals

Balance Period	Gross Pay	Pre Tax Deductions	Employee Taxes	Post Tax Deductions	Net Pay
Current	435.87	0.00	33.35	0.00	402.52
YTD	27,807.69	9.50	2,126.82	390.26	25,281.12

Earnings

Description	Dates	Hours	Rate	Amount	YTD Hours	YTD Amount
Holiday Pay					64.00	1,179.28
Imputed Income for Life Ins					0.00	3.36
Overtime 1.5					0.84	23.17
Regular Hourly Pay					1,206.90	22,304.14
Sick					150.47	2,799.46
Terminal Vacation	10/22/2023 - 10/28/2023	0.00	18.75	435.87	25.83	484.31
Vacation	[redacted]				55.35	1,017.33

Tennessee Department of Human Services

Withdrawal of Appeal for Fair Hearing

DIVISION OF APPEALS AND HEARINGS

I HAVE CHANGED MY MIND AND I WANT TO WITHDRAW MY APPEAL.
I DO NOT WANT A HEARING.

If you **do not** want to proceed with your appeal, you can visit the Customer Portal https://OneDHS.tn.gov and submit your withdrawal online, or you may send us an email stating you wish to withdraw your appeal, or you may fill out, sign, and return this form, or send us a letter to the address below so it will reach the Department of Human Services at least two (2) days prior to your scheduled hearing.

Department of Human Services
Division of Appeals and Hearings
James K. Polk Building, 1st Floor
505 Deaderick Street
Nashville, Tennessee 37243
Fax: (615) 248-7013 or (866) 355-6136
Email to: AppealsClerksOffice.DHS@tn.gov

Name: BRANDI TAPIA

Scheduled Hearing Date: 05/24/2024

Appeal Number: 240136681

TCSES Number (If Child Support Case):

Signature: _____ Date: _____

THIS FORM SHOULD ONLY BE RETURNED TO DHS IF YOU NO LONGER WANT A HEARING. YOUR APPEAL WILL BE CLOSED UPON TIMELY RECEIPT OF THIS COMPLETED FORM BY DHS.

DAVIDSON CO. DEPT. OF HUMAN SERVICES
227 FRENCH LANDING DRIVE
FIRST FLOOR
NASHVILLE, TN 37228-1605

https://www.tn.gov/humanservices

BRANDI TAPIA
500 CHEYENNE BLVD LOT 244
MADISON TN 37115

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Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it's time. You can also upload documents, and report changes directly right from your phone or computer. Go to https://OneDHS.tn.gov to get started!

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Brandi Tapia
Case Number: 279008982
Customer ID: 738036107
Date: 07/08/2024
Family Assistance Service Center: 1-866-311-4287

Manual Issuance

You will get extra SNAP.

There was a change in your case in the past. Because of this, you will get an extra one-time amount of $156.00. This is for January 01, 2024 through January 09, 2024.

What can you do about this:

Look at the yellow and blue pages to see how to appeal.

- If you are a Simplified Reporting household, you must report the following changes:
  - o If the amount of money that comes into your household goes above the gross income limit $2,137.00 for your household size in month, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household is an ABAWD (Able bodied Adult Without Dependents) whose hours go below an average 20 hours per week, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household wins $4,250.00 or more from the lottery or gambling, report this information 10 calendar days of the receipt of the winnings.
- Non-simplified reporting households are required to report changes within ten (10) days of the date the change becomes known to the household.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):

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USDA Nondiscrimination Statement

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

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1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://www.fns.usda.gov/snap/state-directory.

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To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR?s Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

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STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Brandi Tapia
Case Number: 279008982
Customer ID: 738036107
Date: 07/08/2024
Family Assistance Service Center: 1-866-311-4287

Manual Issuance

You will get extra SNAP.

There was a change in your case in the past. Because of this, you will get an extra one-time amount of $242.00. This is for October 01, 2023 through October 31, 2023.

What can you do about this:

Look at the yellow and blue pages to see how to appeal.

- If you are a Simplified Reporting household, you must report the following changes:
  - o If the amount of money that comes into your household goes above the gross income limit $2,137.00 for your household size in month, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household is an ABAWD (Able bodied Adult Without Dependents) whose hours go below an average 20 hours per week, you must contact us within the first ten (10) days of the month following the month the change occurred.
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- Non-simplified reporting households are required to report changes within ten (10) days of the date the change becomes known to the household.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 615-244-6610.

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- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

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You can talk about SNAP or Families First problems. This is a free call.

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CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

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1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://www.fns.usda.gov/snap/state-directory.

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STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Brandi Tapia
Case Number: 279008982
Customer ID: 738036107
Date: 07/08/2024
Family Assistance Service Center: 1-866-311-4287

Manual Issuance

You will get extra SNAP.

There was a change in your case in the past. Because of this, you will get an extra one-time amount of $156.00. This is for January 01, 2024 through January 09, 2024.

What can you do about this:

Look at the yellow and blue pages to see how to appeal.

- If you are a Simplified Reporting household, you must report the following changes:
  - o If the amount of money that comes into your household goes above the gross income limit $2,137.00 for your household size in month, you must contact us within the first ten (10) days of the month following the month the change occurred.
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1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
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For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://www.fns.usda.gov/snap/state-directory.

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STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

Customer Name: Brandi Tapia
Case Number: 279008982
Customer ID: 738036107
Date: 07/08/2024
Family Assistance Service Center: 1-866-311-4287

Manual Issuance

You will get extra SNAP.

There was a change in your case in the past. Because of this, you will get an extra one-time amount of $490.00. This is for November 01, 2023 through November 30, 2023.

What can you do about this:

Look at the yellow and blue pages to see how to appeal.

- If you are a Simplified Reporting household, you must report the following changes:
  - o If the amount of money that comes into your household goes above the gross income limit $2,137.00 for your household size in month, you must contact us within the first ten (10) days of the month following the month the change occurred.
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1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
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For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://www.fns.usda.gov/snap/state-directory.

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR?s Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

P-Ex. 12

DECLARATION OF WILL CONNELLY

Pursuant to 28 U.S.C. § 1746, Will Connelly declares as follows:

1. I am the Executive Director of The Contributor.

2. I have read and am familiar with the factual allegations made in the Complaint regarding The Contributor, and those allegations are truthful.

I declare under penalty of perjury that the foregoing is true and correct.

Executed at Nashville, Tennessee on January 17, 2025.

Will Connelly, Executive Director, The Contributor, Inc.
Will Connelly, Executive Director, The Contributor, Inc. (Jan 17, 2025 13:42 CST)

Will Connelly
Executive Director, The Contributor, Inc.

P-Ex. 13

Declaration of Carli Tharp

Pursuant to 28 U.S.C. § 1746, Carli Tharp declares as follows:

1. I am an adult resident of Nashville, Tennessee and a full-time employee of The Contributor. The Contributor is a non-profit social enterprise whose mission is to empower homeless Nashvillians to achieve income, dignity, housing and community. The Contributor fulfills that mission by publishing a newspaper of the same name. The organization sells the newspaper to homeless people who work for themselves as vendors of the newspaper. The publication features writing by respected local journalists, but more importantly by vendors themselves, giving them a important voice in their community. Vendors learn how to sell the papers to the public, keep the money they earn, and then buy more newspapers from The Contributor as needed to replace their stock. The Contributor also supports its vendors by finding housing and providing other social services to help them regain stability, rejoin their community, and achieve a better quality of life. In addition to donations and philanthropic grants, revenues from the sale of newspapers to its vendors, and the vendors' sale of the newspaper to the public, are vital to The Contributor's economic sustainability, and to its ability to fulfill its mission. Barriers to our vendors' ability to sell our newspapers therefore adversely affects The Contributor, both in terms of its economic sustainability and the fulfillment of its mission.

2. I have worked at The Contributor since August 2020, first as an intern and, since January 2021, as a paid staff member. In February 2022, I was assigned the position of SNAP Coordinator, which involves applying for Supplemental Nutrition Assistance Program benefits on behalf of our vendors and taking additional steps as necessary to enable them to establish and maintain their SNAP eligibility. I have continued to fill that position since then. In September 2024, I added the title of Housing Stability Guide, a position in which I provide social work

support to the organization's vendors for the first nine months after they move into permanent housing.

3. I devote approximately 50% of my time to helping vendors obtain Supplemental Nutrition Assistance Program (SNAP) benefits. We have found from experience that ensuring a stable source of nutrition assistance significantly improves a client's prospects of being able to remain housed. Conversely, disruption of a client's means of obtaining adequate nutrition is destabilizing and reduces their ability to remain housed. Unfortunately, the SNAP eligibility process as it is administered by the Tennessee Department of Human Services (DHS) is almost impossible for most of our vendors to successfully navigate without help. The Contributor therefore finds it necessary to devote about half of my time to helping vendors overcome the barriers to SNAP assistance that I describe below, in order to keep vendors' denial or loss of SNAP benefits from interfering with their ability to sell newspapers and jeopardizing their ability to remain housed. Were it not for the barriers to SNAP participation resulting from DHS's administration of the SNAP program, described below, The Contributor would be able to reallocate my time and salary wholly to my Housing Stability Guide functions, thereby enabling the organization to help more vendors successfully transition into stable housing.

4. Our vendors are all currently or recently unhoused. Many have no phones or internet access, have limited literacy or knowledge of computers, and have no fixed address. Nearly all have serious disabilities, and all have experience of serious trauma. We have found that it takes the resources of The Contributor, including my time and services, as well as the organization's telephone and IT resources, to successfully apply for SNAP on vendors' behalf, and to help them establish their ongoing eligibility. I help vendors complete their application, and I personally submit their applications to DHS, along with any documents verifying eligibility. All

vendors make me their authorized representative to conduct their SNAP eligibility interviews on their behalf, and to receive all mailed and emailed correspondence from DHS regarding their SNAP cases. When necessary to contest a wrongful denial or termination of SNAP benefits, I have filed and pursued appeals, representing vendors at their fair hearings. All of my vendors give me access to their SNAP accounts through the One DHS online portal. Thus, I act as my vendors' surrogate at every step of the SNAP eligibility process, affording me intimate, firsthand knowledge of DHS's handling of hundreds of SNAP applications that I have filed on behalf of our vendors . I am able to track the application, interview, notice, recertification and appeal processes directly, without having to rely on vendors' reporting. I assiduously document everything I do and record all transactions, because DHS fails to reliably do so, and its records cannot be relied upon.

5. Since June 2023, I have helped at least 150 individual vendors with their SNAP applications. I submitted 167 individual SNAP applications to DHS between June 12, 2023 and June 12, 2024. These included new vendor applications, vendor re-applications, and applications submitted in order to try again to obtain SNAP after DHS had denied an earlier application. As of August 2024, I found that I had 80 active SNAP cases, which I believe is representative of the size of my caseload at any given time.

DHS processing of SNAP applications and verifications

6. DHS offers three methods by which applicants can submit their SNAP applications and any documents required to verify their eligibility. Each involves substantial barriers to SNAP participation by eligible applicants:

a. *Online via the One DHS Customer Portal.* DHS actively encourages applicants to use this mode. For example, the DHS website contains this image at

https://www.tn.gov/humanservices/for-families/supplemental-nutrition-assistance-program-snap.html:

This is the quickest way to apply, but in my experience it is the least reliable method of submitting documents to verify eligibility. There are occasional updates to the automated eligibility system, and when that occurs, access to the portal is interrupted for hours or days. After 4:30 p.m., when DHS offices close, the portal's functionality deteriorates. When a person first applies to SNAP, it is possible to upload documents with the application. But once you log out after that first login at time of application, the portal varies unpredictably with regard to the ease or reliability with which it will accept verification documents. And even when I have succeeded in submitting verification documents with the initial application, and have recorded the time and documents uploaded, there have been several cases in which the caseworker was subsequently unable to find them in the client's One DHS file. I have been told by workers at DHS that documents

uploaded through the portal are converted to faxes and then have to be distributed to the assigned caseworker for the case in order to make it into the case record.

b. *By mail.* The disadvantage of this method is that the time taken for delivery to, and processing by, DHS cannot be predicted. This method therefore cannot be relied on when there are tight deadlines or the client's need is urgent. For example, on November 8, 2023, I mailed a timely mid-certification report for a client who was subject to Simplified Verification due to disability. I learned that DHS claimed not to have received the report, so I mailed the report to DHS a second time on November 26, 2023. DHS proceeded to terminate my client's SNAP benefits effective December 31, 2023 for failure or refusal to cooperate in establishing her continued eligibility. In January 2024, as soon as I received notice of the termination, I called the Family Assistance call center and spent three hours on "Hold" before being able to speak to a DHS representative. The representative told me that DHS had received the two copies of the report but had failed to process them. In spite of that acknowledgement, I had to appeal to get my client's benefits restored. I appealed on or about January 30, 2024, and it was not until May 2024 that DHS resolved the appeal by granting my client retroactive benefits without a hearing.

c. *By hand delivery.* The most reliable method of delivery is to hand deliver documents to the county DHS office and deposit them there in a secure drop box. Unfortunately, that option is only available between 8:00 a.m. and 4:30 p.m., when the office is open. (I have found that the door to the Davidson County office is locked at 4:00 p.m., and if I have arrived after that but before 4:30, I have had

to talk a guard into unlocking the door and accepting my documents for deposit.) It is therefore not an option for many working people, including The Contributor's newspaper vendors, whose success requires them to be actively selling newspapers during those hours. Also, the cost and difficulties involved in traveling to the office can be prohibitive for many of our vendors. I often use this method because it is the most reliable, but my vendors could not take advantage of it without our handling their applications and verifications for them. Depositing the documents in the drop box also has the disadvantage that you cannot obtain a receipt proving that you delivered it.

Interviews

7. SNAP applicants or their representatives must complete an interview with a DHS caseworker in order to qualify for SNAP benefits. DHS conducts all interviews by phone. In all interviews for my vendors, I take their place as their authorized representative. DHS schedules interviews unilaterally, and I have never known the agency to inquire about or consider the scheduling needs of me or my vendors. DHS is supposed to provide written notification of the appointment in advance of the interview.

8. In about half of all of my cases, DHS either fails to issue a notice of the interview appointment, or the notice arrives after the time of the appointment.

9. Of those cases in which DHS does issue timely advance notice of an interview appointment, in about half of the cases the caseworker does not call at the scheduled time or within an hour of that time. When caseworkers do call, the incoming call is sometimes identified on the "caller I.D." function of my phone as "State of Tennessee," but more often is only identified by an unfamiliar phone number that is indistinguishable from a spam call. For that

reason, and because of the negative consequences if I miss an interview, I always answer my phone, regardless of whom it appears to be from. My vendors, however, who are poor and typically have to ration their minutes of cell phone service, are reluctant to accept calls from unknown numbers.

10. If a caseworker calls and I miss the call because I am on another call or otherwise unavailable, the caseworker usually does not leave a voice mail message. If the caseworker does leave a voice mail message, the message does not leave the caller's direct phone number where I can return the call. Instead, such messages inform me that I missed a SNAP interview and must call the DHS Family Assistance call center to reschedule. [1] Calling the center is the only way to reschedule an interview, and if an applicant fails to obtain an interview, their SNAP application is denied for failure or refusal to cooperate in proving their eligibility.

11. Until a few months ago, wait times on "Hold" when calling the Family Assistance call center ran to as much as four hours and were then dropped about half of the time. Current

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[1] On the DHS website, under FAQs related to SNAP, is the following:

> Why has my caseworker not called for my interview?
> Please allow the full day for the DHS representative to contact you for the interview. If you do not receive a call, you may reach out to the Family Assistance Service Center at 1-866-311-4287 Monday - Friday, from 8 a.m. to 3:00 p.m Central Time.

Another FAQ states:

> Answers to Frequently Asked Questions:
> Getting a SNAP (Food Stamps) or TANF (Families First) application
> ...
> Appointment times
> ...
> If your appointment time arrived and you did not receive a phone call, there may be an issue with your appointment time. To check the status of your appointment, please use the Family Assistance Office locator to contact your county office. You can also call the Family Assistance Service Center at 1 (866) 311-4287.

wait times spent on "Hold" at the DHS Family Assistance call center average around one hour before it is possible to speak to an agent.

12. If an applicant missed an interview and had to phone the center to reschedule, the center could only schedule them for a future interview. It was impossible for an applicant to complete an interview by initiating a call to DHS; the applicant always had to wait to receive a call initiated by a DHS caseworker. For the first time in my experience applying for SNAP, I phoned the call center yesterday and was able, after extended waits on "Hold," to obtain interviews for two vendors whose applications had gone missing in the DHS system for several weeks. (Please see Paragraph 27, below.) I could not tell whether this reflected a change in DHS's general policy of requiring applicants to wait for a call from a caseworker in order to complete an interview, or if it was related to the circumstances of these cases.

13. Given the wait times and the cost of cell phone service, some applicants go to the county office, which provides a number of land lines in the waiting area. They can use those phone lines to complete their interviews, assuming of course that they have received advance notice of the scheduled call, and that a caseworker actually calls them as scheduled. I have learned to avoid going to the Davidson County DHS office for any purpose other than depositing verifications in the on-site mailbox, because of long delays and the difficulty of getting anything accomplished there. On busy days, there is not enough seating. People sit on the floors or have to stand. There is a single picnic table outside, so some people wait out there. There are often children present who are bored and fussy and crying. I have been there when people have been visibly ill. You have to sign in on a screen, and an hour wait is typical. They call your name, but it is easy to miss it because of the noise. You then speak to the worker through a glass with a thin

slot, and that, too, is difficult to hear. The process is absolutely inaccessible, if you have a hearing impairment, difficulty reading or have trouble sitting or standing for any length of time.

14. Because I have so much experience with the SNAP application process, and because The Contributor devotes my time and its other resources to ensuring that I successfully complete the SNAP application process for our vendors, I am generally able to overcome common barriers that would otherwise defeat the vendors themselves. For them, phone expense, lost income and transportation costs can approach or exceed the value of the SNAP benefits at issue.

Receipt of SNAP benefits – Regular applications

15. As noted above, I arrange to handle all DHS communications with my vendors related to the SNAP applications I submit on their behalf. I also receive the EBT cards for those who are approved and do not already have cards, or who need replacement cards.

16. A year ago, few vendors who qualified for regular issuance received their benefits within 30 calendar days. There was a widely publicized backlog of applications and applicants waiting for their interviews so they could be approved. Since then, DHS has taken steps to reduce the backlog and to schedule interviews within two weeks of submission of an application. But the DHS practices described above deny many applicants a meaningful opportunity to complete the interview at the scheduled time. DHS attributes the failure to the applicants' "failure or refusal" to cooperate in establishing their eligibility and denies their applications. Those that never received notice of an interview, never received a call at the scheduled time and did not receive a voice mail message that they missed their interview and need to reschedule only become aware that they missed an interview when they receive the DHS notice that their application is denied for failure or refusal to cooperate. Alternatively, if the applicants become

aware before their applications are denied that they missed their interviews and must reschedule, DHS attributes the delays to the applicants, even though the delays are not the applicants' fault.

17. Once I receive a notice from DHS that an application has been approved, if the applicant already has a working SNAP EBT card, the SNAP benefits are promptly "loaded" electronically onto the card and are available for the person's use.

18. If an applicant does not already have a SNAP EBT card, it takes a minimum of two weeks from the time DHS issues a notice that the application is approved until the applicant receives a card and is able to access their SNAP benefits. Although DHS informs applicants that they should allow 7-10 business days for delivery of the card, it always take at least two weeks, and often substantially longer. Within the past two months, the length of time from approval to receipt of an applicant's EBT card has sometimes stretched to more than a month

Receipt of SNAP benefits – Expedited applications

19. About half of our vendors have incomes less than $150 in countable monthly gross income and less than $100 in total liquid resources, or their combined monthly gross income and liquid resources are less than their housing expense, and they therefore qualify for expedited issuance of SNAP benefits. Their eligibility for expedited issuance is evident from their answers to financial questions on their applications. Their applications also indicate whether they are unhoused by: 1) asking for their physical address; and 2) by asking about their "living situation," with a pull-down menu of possible answers that includes "Homeless."

20. I am almost never told by DHS whether a vendor for whom I have applied is eligible for expedited service. I and my vendors are usually left in the dark as to whether DHS has even considered them for expedited issuance, even though I make their eligibility evident on their SNAP applications. DHS has never informed me that it has considered a client for

expedited issuance but found the person ineligible to have their benefits expedited, much less provided reasons for making such a decision. The stock notices do not offer agency conferences to households which wish to contest a denial of expedited service, and I have never been offered such a conference for any of the vendors for whom I have served as authorized representative.

21. Almost none of my vendors who have qualified for expedited issuance of SNAP benefits have received them within seven calendar days.

a. *Vendors who do not already have a useable EBT card.* Most vendors who meet the criteria for expedited SNAP issuance come to us as new vendors who are unhoused and do not already have useable EBT cards. None of my vendors who lacked an EBT card and met the criteria for expedited issuance has ever received SNAP benefits within seven calendar days. Since DHS states that it takes 7-10 business days from approval for an applicant to receive an EBT card (and, as explained above, the actual delay is usually greater), DHS does not appear to have the capability to issue benefits within seven calendar days of application, in those cases requiring delivery of a new EBT card. As a recent example, I applied for SNAP on November 8, 2024 on behalf of a client who met the criteria for expedited issuance. She did not finally receive a loaded EBT card and have an opportunity too use her SNAP benefits until December 19, 2024, and that was only after I had a series of interactions with DHS to try to expedite the issuance of her benefits.

b. *Vendors who already have useable EBT cards.* For vendors who already have a useable EBT card, delivery of a card is not an obstacle to participation, because DHS can electronically load the benefits onto the applicant's existing card, which

only takes one or two days. However, in my experience, DHS usually does not schedule interviews quickly enough to issue expedited SNAP benefits to eligible applicants within seven calendar days of application, even if they already hold working EBT cards. For example, of the 22 applications I filed over the two month period from mid-October to mid-December 2024, only nine took less than seven days from date of application to receive an interview. Of the other thirteen, eight involved a delay of seven or more days from application to interview, and in five cases I never received a call from DHS to conduct the interview, or a voicemail that a call had been attempted.

Stock notices

22. Able-bodied adults without dependents ("ABAWD") must meet certain work requirements in order to receive SNAP benefits. DHS acknowledges that unhoused individuals are exempt from ABAWD work requirements under state and federal law. The SNAP application elicits information regarding an applicant's housed status, asking for both a person's physical address and living situation. When I complete an application for an unhoused applicant, I identify them as being unhoused. Nevertheless, DHS routinely sends them notices that warn them about the work requirements that apply to ABAWD. The notices do not indicate whether the person is subject to those requirements, but leaves them to wonder. (See P-Ex.13B.) DHS sends these ABAWD notices to the majority of my unhoused, exempt vendors, making them fearful that their benefits will be cut off. The notices causes great stress to some vendors, requiring me to spend time trying to calm their fears and convince them to disregard the official notices.

23. When DHS approves applicants, the stock notices the person receive include a notice regarding their obligation to report certain changes in their status. The notice tells the individual that their obligation varies depending on whether they qualify for "simplified reporting," but none of the DHS notices informs a person whether they qualify for simplified reporting. (See P-Ex.13C.) When I first started applying for SNAP on my vendors behalf, I could not understand what the notices meant, and only came to know what they meant through my work experience. Explaining these notices to our vendors and allaying concerns prompted by the notices takes more of my time away from other responsibilities.

24. Applications are often not completed because an interview is not conducted because the DHS worker does not call the applicant at all, does not provide advance notice of the appointment, or fails to call at the appointed time. In these cases, DHS sends notices denying the application "for failure or refusal to cooperate," or words to that effect. (See P-Ex.13D.) As also explained above, SNAP applications are sometimes not completed or benefits are terminated because DHS fails to process verification documents or reports submitted on the applicant's behalf. When denying SNAP benefits for failure to complete the application, I have never known DHS to make a distinction between failures that were the department's own fault, failures due to the applicant's misunderstanding or other unintended omission, or applicants' willful refusals to cooperate. The notices treat all of those types of failures as the fault of the applicant, regardless of whether DHS was at fault. DHS has not altered its assignment of blame to my client unless and until I have appealed.

25. Stock notices denying SNAP applications contain little useful explanation why DHS has found the person ineligible. For example, stock notices denying a SNAP application for financial reasons state only that the person is denied because their income is over the limit. (See

P-Ex. 13E.) This leaves me and my vendors unable to know whether DHS acted on the right information, or what it will require the person to qualify. For example, I have a client who applied with the help of another organization in or about September 2024, and his applications was denied with the same notice informing him only that he had too much income. When he came to The Contributor for assistance, I thought that perhaps the other organization had made a mistake or that DHS had not recognized his allowable deductions. I reapplied on his behalf on November 5, 2024 and carefully documented that his allowable expenses were sufficient to more than offset his income when calculating his countable net income. But the second application was denied on November 13, 2024 with the same uninformative notice, leaving me with no idea how to help my client qualify. (See P-Ex. 13E) He is especially vulnerable, and his situation is precarious, and he badly needs SNAP benefits. I do not appeal unless I have proof of a DHS error, and so I have felt that I should not appeal for this client.

Appeals

26. I have appealed approximately twenty cases on behalf of vendors who were denied SNAP benefits and I had compelling proof that DHS had made an error. Some of the appeals were resolved by DHS in my vendors' favor before the hearing. I attended about 10-12 hearings as my vendors' representative. All of the hearings were conducted by phone. My vendors won in almost all of the cases. However, they all took more than 60 days, and often months longer than that. For example, an unhoused client for whom I applied on June 30, 2023 never received a call for an interview and instead DHS denied the application within a month for failure or refusal to cooperate in establishing eligibility. (See P-Ex.13F.) I appealed in August 2024, and the client received a hearing on January 17, 2024. The client was ultimately approved on March 12, 2024 for a retroactive award from the date of application through May 2024 in the

amount of approximately $2,500, or eleven months' worth of benefits. But of course he had been without SNAP assistance and was living on the streets during that entire period.

27. Due to illness and the holidays, I was away from work for an extended period last month. On January 9, 2025 I called the DHS Family Assistance call center to follow up on applications I submitted on behalf of two different vendors on December 3 and December 13, 2024. After waiting for forty minutes on "Hold", the DHS agent searched in the DHS eligibility system but could not find any record of either application. I was able to supply application numbers, and the agent then was able to locate both applications. She confirmed that no action had been taken by DHS on either application since I had filed them, and no interviews had been scheduled. I briefly reviewed the facts as outlined in their applications, which showed that their needs were urgent. The agent transferred my call to a caseworker who conducted an interview for the first vendor. She said she could only conduct that interview and not a second one, and she then hung up the phone. I called the Family Assistance call center back again in an effort to complete the interview for the second vendor. I again waited for forty minutes on "Hold" before reaching an agent, I again helped the agent locate the vendor's application and again reviewed her circumstances indicating the urgency of her need. I was then transferred to a caseworker and was able to complete the interview for the second applicant. As a result of my efforts, both applicants are being approved. But neither would have received SNAP or would have ever heard what had happened to their applications, if The Contributor had not committed my time and effort, and used its resources to establish a tracking system for SNAP applications, to compensate for DHS's dysfunction.

I declare under penalty of perjury that the foregoing statements are true and correct.

Executed at Nashville, Tennessee on Jan 24, 2025

Carli Tharp (Jan 24, 2025 11:02 CST)

Carli Tharp

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: [redacted] Case Number: [redacted]

Customer ID: [redacted] Date: 11/21/2024

Family Assistance Service Center: 1-866-311-4287

SNAP Consolidated Work Notice

You May Need to Meet Certain Work Requirements for SNAP Participation

Dear SNAP Household,

This letter is to inform you that a member or members of the household may need to meet certain general work registration requirements and time limit rules to receive or continue to receive Supplemental Nutrition Assistance Program (SNAP) benefits. **If they do not, your household's SNAP benefits may decrease or end.**

What you need to know?

General Work Registration Requirements:

An individual that is at least age sixteen (16) and not yet sixty (60) who does not meet a federal work requirement exemption; as determined by the caseworker, must register for work to participate in the SNAP Program. These individuals are called work registrants. In Tennessee, work registration is automatically accomplished when the SNAP application is signed. The adult that signs the application registers all adults in the SNAP household who are required to register for work. Each household member who is not otherwise exempt from work registration requirements must register for employment prior to certification for SNAP and once a year thereafter.

What do you need to do?

You may need to follow these rules to keep your SNAP benefits:

- ✓ Register for work, this is accomplished when a SNAP application is signed.
- ✓ Give the Tennessee Department of Human Services (TDHS) enough information to determine your employment status or job availability.
- ✓ Participate in an Employment and Training program if DHS refers you to one.
- ✓ If you are working at least 30 hours a week, do not quit or reduce your hours to less than 30 hours a week (unless you have a good reason like illness, discrimination, or not getting paid).
- ✓ Accept a job offer unless it is not suitable for you—for example, if your health and safety are at risk, you can't physically do the work, or another good reason.

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Does everyone need to meet these requirements?

No, only certain people do. You **may not** have to follow these rules if you are:

- ✓ Younger than age 16, or age 60 or older,
- ✓ Responsible for the care of a child younger than age 6 or another person who needs help caring for themselves,
- ✓ Already working at least 30 hours a week or already earning weekly wages of at least $217.50,
- ✓ Certain migrant or seasonal farmworker,
- ✓ Receiving unemployment benefits, or you applied for unemployment benefits,
- ✓ Not able to work because of a physical or mental impairment,
- ✓ Attending a school, college, or training program at least half time (but college students are subject to other eligibility rules),
- ✓ Meeting work requirements for another program, like Temporary Assistance for Needy Families (TANF) or unemployment benefits,
- ✓ In a drug or alcohol addiction treatment program

If you feel you meet an exemption, you may call your local office or Family Assistance Service Center toll-free at 1-866-311-4287 or contact your DHS caseworker.

What happens if you fail to comply?

If you do not meet the general work requirements without a good reason, you may lose your SNAP benefits. Individuals will be disqualified for failure to comply, without good cause, with any of the following work requirements:

- ✓ Register for employment and every twelve (12) months thereafter.
- ✓ Accepting an offer of employment.
- ✓ Providing one department with sufficient information to allow TDHS to determine the employment status or the job availability of the individual.
- ✓ Voluntarily quits a job or reduces work effort to less than 30 hours per week.

What if you have a good reason for not complying with the general work requirements?

Good reasons include things out of your control like illness, no childcare for a child younger than age 12, or work conditions that are unreasonable. These are some examples of good reasons. If DHS determines that you have a good reason, there will be no change to your SNAP benefits. **If you think you have a good reason, contact DHS as soon as possible.**

How long will you lose SNAP benefits if you don't meet the general work requirements?

- ✓ The first time you do not meet the general work requirements without a good reason, you are not allowed to get SNAP benefits for **[1 month].**

- ✓ The second time you do not meet these requirements, you cannot get SNAP benefits for **[3 months].**
- ✓ The third time, you cannot get SNAP benefits for **[6 months].**
- ✓ In addition, you must meet the general work requirements before you can get SNAP benefits again.

What you need to know?

SNAP Employment and Training Program (E&T):

Tennessee is currently operating a voluntary E&T program; you will not be penalized if you do not participate in the program. All household members between the ages of 16 and 59 are automatically work registered, unless federally exempt. However, participation in the E&T program is voluntary in Tennessee. Each SNAP household member has the opportunity to work with E&T program staff to decide upon a plan for getting a job.

Individuals age 16 or older may volunteer to participate and the Tennessee Department of Human Services (TDHS) will refer you to register for work at an appropriate employment office within the Tennessee Department of Labor and Workforce Development. Referred participants can engage in an employment and training program if assigned and accept an offer of suitable employment. Additional E&T services are offered through the American Job Centers (AJCs), and community-based organizations.

Participant Reimbursements:

Any household member who volunteers in E&T and has costs from doing the program, we must pay for those costs to participate in the program. These costs include the following:

- ✓ Transportation
- ✓ Childcare
- ✓ School supplies
- ✓ Testing fees
- ✓ Uniforms
- ✓ Tuition assistance
- ✓ Personal safety items and equipment

Time Limit Rules
What you need to know?

SNAP ABAWD requirements:

Any household member between the ages of 18 through 54* may be considered an Able-Bodied Adult without Dependents (ABAWD) and follow time limit rules.

***Note:** Starting Oct.1, 2024, these rules apply to people aged 18-54.*

An ABAWD is an able-bodied adult between the ages of 18 and 54* without dependents. The time limit rule for ABAWD eligibility for SNAP is limited to any three (3) months in a 36-month period unless the

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individual meets the ABAWD work requirements. You can meet the work requirement by:

- ✓ Work or volunteer at least an average of 20 hours per week (80 hours per month) or more, OR
- ✓ Participate in a *qualified training program* for an average of 20 hours per week (80 hours per month) or more.

**Note*: *Starting Oct.1, 2024, these rules apply to people aged 18-54.*

What do you need to do?

You **must** follow these **Time Limit Rules** if not exempt to keep your SNAP benefits:

1. **Spend at least 80 hours each month or 20 hours per week** doing one or more of the following activities:
   - Working (this can be paid work, volunteer work, or in-kind work),
   - Participate in SNAP Employment and Training or another federal, state, or local work program; or
   - Participate in a combination of work and work program.

Does everyone need to meet these Time Limit Rules?

You **may not** have to follow **any** of these Time Limit Rules if:

- ✓ You are younger than age 18 or older than age 54*,
- ✓ Someone in your house is younger than age 18
- ✓ You are not working because of a physical or mental health reason,
- ✓ You are pregnant,
- ✓ You are a veteran,
- ✓ You are a homeless individual, or
- ✓ You are 24 years of age or younger and were in foster care on your 18th birthday.

**Note*: *Starting Oct.1, 2024, these rules apply to people aged 18-54.*

If you feel you meet an exemption, you may call your local office or Family Assistance Service Center toll-free at 1-866-311-4287 or contact your DHS caseworker.

What if you disagree with our decision?

You have the right to ask us to do a formal review of our decision. We call this a *fair hearing*. You can appeal for a fair hearing. **You may speak for yourself at the hearing. You also may bring a friend, relative, or lawyer to speak for you. After you hear from us, you have ninety (90) days to file an appeal for SNAP benefits.** If you want to continue your benefits while the appeal is being decided, you must ask us within ten (10) days. If you lose the appeal, you may have to pay back the benefits you received during the time the appeal was being decided. **If you want to file an appeal, tell your DHS caseworker. You can also call the Family Assistance Service Center at 1-866-311-4287. This is a free call.**

Can I get free legal help?

You may be able to get free legal help from Tennessee Legal Services Program or Legal Aid Offices below:

- ✓ Legal Aid Society of Middle Tennessee and the Cumberlands: "(800) 238-1443" or TTY (711)
- ✓ Legal Aid of East Tennessee: "(865) 637-0484" or TTY (711)
- ✓ West TN Legal Services, Inc: "(731) 423-0616" or TTY (711)
- ✓ Memphis Area Legal Services, Inc.: "(901) 523-8822" or TTY (711)

You might be able to get legal help that does not cost very much through your local Bar Association or Lawyer Referral Service.

What if you need more help?

If you have questions or need more information, please call us at 1-866-311-4287, Monday through Friday. You may also visit our website (https://www.tn.gov/humanservices/for- families/supplemental-nutrition-assistance-program-snap.html) for more information.

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**
   Food and Nutrition Service, USDA
   1320 Braddock Place, Room 334
   Alexandria, VA 22314; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   FNSCIVILRIGHTSCOMPLAINTS@usda.gov

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This institution is an equal opportunity provider.

ABAWD Work Requirements What You Need to Know

Dear SNAP Participant,

You or any household member between the ages of 18 through 54 may be considered an Able-Bodied Adult without Dependents (ABAWD).

An ABAWD is an able-bodied adult between the ages of 18 and 54 without dependents in the household and can only be eligible for three (3) months of SNAP benefits in a 3-year period unless they are participating in a SNAP work requirement.

The new 3-year period begins January 01, 2025 and will end December 31, 2027. ABAWDs that have previously exhausted their three (3) months may potentially be eligible for three (3) countable months during the new 3-year period.

The ABAWD SNAP work requirement is:

- Work or volunteer at least an average of 20 hours per week (80 hours per month) or more, OR
- Participate in a qualified training program for an average of 20 hours per week (80 hours per month) or more.

Qualified training programs are offered through the Tennessee Department of Labor and Workforce Development. The training programs include but are not limited to:

- Attendance in High School Equivalency Test (HiSET) classes
- Soft Skills Training (Resume development and improve interviewing skills)
- Access to JOBS4TN.gov
- Job Training, Job search, and on-the-job training
- Opportunities to complete training for a CNA, CDL or LPN license or other Certificates.

ABAWDs will only be eligible to receive SNAP benefits for three (3) months in a 36-month or 3-year period unless they are participating in the SNAP work requirement or subject to an exemption. **This means that your SNAP benefits could end or be reduced.**

If you have questions concerning ABAWD qualifications or need clarification concerning exemptions, talk to your SNAP caseworker or the Family Assistance Service Center (FASC) to learn more about ABAWD.

***For more information please call the* Family Assistance Service Center at 1-866-311-4287.**

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This public Document was promulgated at a cost of 0.01$ each

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SNAP Employment and Training

Advance Your Skills with SNAP E&T STEP into Work!

Are you interesting in gaining new skills, going to training, and growing your career potential?

Then the **SNAP E&T STEP into Work** program may be for you! SNAP (or Supplemental Nutrition Assistance Program) offers an Employment and Training Program (E&T) which helps eligible participants gain job skills through training, find employment, and prepare for a skilled career. The program is designed to help you move toward self-sustaining wages.

Eligibility Requirements

Participants must:

- Receive SNAP benefits,
- Not receive TANF cash assistance (also known as Families First), and
- Be ready to STEP into Work!

Voluntary Participants

Individual's age 16 or older may volunteer to participate in E&T. Tennessee Department of Human Services (TDHS) will refer you to register for work at an appropriate employment office within Tennessee Department of Labor and Workforce Development (TDLWD). Additional E&T services are offered through the American Job Centers (AJCs), and community-based organizations.

Activity Opportunities

Acceptable work requirements may include job search training, work experience or training, work readiness training, a self-employment program, career technical training, Adult basic education or activities that directly enhance employability (ex. HiSet literacy training, English as a Second Language (ESL)).

Participant Reimbursements

Allowable participant reimbursements include childcare assistance, transportation assistance, tuition assistance, school supplies, testing fees, and uniforms.

What are your Rights and Responsibilities?

All household members between the ages of 16 and 59 are automatically work registered, unless federally exempt. However, participation in the E&T program is voluntary in Tennessee. Each SNAP household member has the opportunity to work with E&T program staff to decide upon a plan for getting a job. If you have any questions or concerns about your case, please contact your caseworker or the Family Assistance Service Center at 1-866-311-4287.

Additional Information

Although participation in E&T may be voluntary, some SNAP participants that are between the ages of 18 through 54 and are considered an Able-Bodied Adult without Dependents (ABAWD) and may meet their ABAWD requirement by participating in a qualifying E&T work component for 20 hours a week. Please speak to your caseworker if you have any questions or concerns.

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STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: [redacted]
Case Number: [redacted]
Customer ID: [redacted]
Date: 11/21/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

SNAP

You are still eligible for SNAP benefits. You will continue to receive benefits in the amount of $292.00 per month. You will receive this amount from December 01, 2024 through May 31, 2025 unless there is a change in your household circumstances.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?

Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):

You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:

- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:

- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on

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race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https:// www.fns.usda.gov/snap/state-directory.

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR?s Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file

complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

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DAVIDSON CO. DEPT. OF HUMAN SERVICES
227 FRENCH LANDING DRIVE
FIRST FLOOR
NASHVILLE, TN 37228-1605

https://www.tn.gov/humanservices

002951

There may be more than one letter in this envelope for you. Be sure to look through all of the pages so you don't miss important news!

Go Green!

You can opt-in to electronic delivery of notices or view mailed notices on customer portal after linking your case at https://OneDHS.tn.gov.

Want to save time? Create Your Customer Portal Account Today!

Access your account from anywhere at any time. From your online account, you can read the letters we send you about your benefits and renew your benefits when it'time. You can also upload documents, and report changes directly right from your phone or c omputer. Go to https://OneDHS.tn.gov to get started!

[redacted]
NASHVILLE TN 37207

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: [redacted]
Customer ID: [redacted]
Family Assistance Service Center: 1-866-311-4287

Case Number: [redacted]
Date: 12/09/2024

Notice of Decision

SNAP

You are still eligible for SNAP benefits. Your SNAP benefits have changed, and you will receive $63.00 as of January 01, 2025 for the reasons listed below:

Reason
Change in income

For the month of January 2025, through March 2026, you will receive $63.00.

- If you are a Simplified Reporting household, you must report the following changes:
  - o If the amount of money that comes into your household goes above the gross income limit $1,632.00 for your household size in a month, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household is an ABAWD (Able bodied Adult Without Dependents) whose hours go below an average 20 hours per week, you must contact us within the first ten (10) days of the month following the month the change occurred.
  - o If someone in your household wins $4,500.00 or more from the lottery or gambling, report this information 10 calendar days of the receipt of the winnings.
- Non-simplified reporting households are required to report changes within ten (10) days of the date the change becomes known to the household.

Comments: Effective January 1st changes have been made to the allotment amount due to Social Security Administration's annual Cost of Living Adjustment.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?
Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):
You may also have these rights if you have a problem because a child or relative who lives with

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you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:

- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:

- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

You can talk about SNAP or Families First problems. This is a free call.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://www.fns.usda.gov/snap/state-directory.

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR?s Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

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Tennessee Department of Human Services

Change Report

CASE NAME:_____ CASE#:_____ DATE:_____

PERSON REPORTING:_____ PHONE#:_____ SOC.SEC.#:_____

Do you need help in obtaining the required verifications ? Yes_____ No_____

IMPORTANT NOTICE ABOUT REPORTING CHANGES TO YOUR SNAP CASE

If your caseworker tells you that your case is now "Simplified Reporting" for Supplemental Nutrition Assistance Program(SNAP) benefits, you have to report to us if your household has an employed ABAWD(Able Bodied Adults Without Dependents) whose hours go below an average 20 hours per week, if there is a change in your total monthly gross income, as shown below or if a household member receives lottery or gambling winnings over $4,500.00. Clients may submit an application for benefits and certification materials to their county office by mail, hand-delivery, or apply online at https://OneDHS.tn.gov.

If this many people live in your home and buy and fix food together	**You have to report to us if your total monthly income(before anything is taken out) goes over**
1	$1,632.00
2	$2,215.00
3	$2,798.00
4	$3,380.00
5	$3,963.00
6	$4,546.00
7	$5,129.00
8	$5,712.00
9	$6,295.00
10	$6,878.00

10-01-2024

*For each additional person, add $583.00

If your total monthly income goes over the amount we show for your family (household) size above or if you are subject to rules about Able-bodied and your work hours go below 20 hours per week, **you must tell us about it by the 10th day of the next month after your change.** If a household member receives $4,500.00 or more in lottery or gambling winnings, **you must tell us within 10 (ten) days of receipt of the winnings.** Households are free to report other changes for SNAP Simplified Reporting cases, but you are not required to do so. If you report changes, it may affect your benefits. SNAP cases that aren't simplified reporting must report all changes within 10 days.

Families First Changes

You must still report ALL changes for Families First within 10 days. If you report changes, it may affect your benefits. For Families First the addition of a new household member will not be processed until an application is submitted.

ADDRESS CHANGE

New Address?_____ Rent Amount?_____

Landlord?_____ LL Address/Phone:_____

House Payment Amt?_____ Homeowner's Insurance Amt?_____ Property Tax Amt?_____

Utility Bills? Yes_____ No If no, who pays them for you ? _____

Has anyone moved in or out of your household? If so who?_____ New Phone#:_____

ADDING HOUSEHOLD MEMBERS

Name of person(s) to be added:_____

Date(s) of birth:_____ What relationship is the person(s) to you?_____

Has the person(s) ever received benefits in another state, country or case? If so, where and when ?_____

Income: Yes_____ No_____ Type: Earned_____ Unearned_____ Self-employment_____

If yes, complete the Employment and/or Unearned Income sections.

Resources: Yes____ No____ Type:_____ Amount:_____

*Social Security Numbers are used to check computer systems before new members may be added to the case. If you have a social security number, and you are a U.S. citizen, legal alien, or eligible immigrant, then you must apply for benefits if you are a mandatory family member. DHS does not need any Social Security numbers or citizenship/immigration status for household members not applying for benefits. If a social security number is provided for someone who is not applying for benefits, it will not be sent to the United States Citizenship and Immigration Services(USCIS) in order to verify their status.

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REMOVING HOUSEHOLD MEMBERS

Person Leaving_____ When? _____
Where did they go?_____

FEDERAL AND/OR STATE CONVICTIONS

Have you or anyone in your household been found guilty of receiving Families First (cash benefits) or SNAP benefits from two or more states at the same time? Yes_____No_____
Are you or anyone in your household a fleeing felon? Yes_____No_____
Do you or anyone in your household have parole or probation violations? Yes_____No_____
Have you or anyone in your household been found guilty of a drug related felony that was committed after August 22,1966? Yes___No___

EMPLOYMENT/CHILD CARE

Who:_____Where:_____Date Change Occurred:_____
Pay per hour: $_____Hours per week:_____Monthly Amt: $_____Date of first check:_____
Frequency Paid:_____Day of Week Paid:_____Supervisor:_____Address/Phone of Employer:_____
_____Child Care Expense: $_____
_____Frequency Paid:_____Provider:_____Phone:_____

LEAVING EMPLOYMENT

Who:_____Employer:_____Phone Number:_____
Last day/date of work:_____Date of last check:_____
Why did you leave your job?_____ Did you get a lay-off slip? Yes____No_____
Have you applied for Unemployment Compensation? Yes___No____ Are you eligible? Yes____No____

UNEARNED INCOME/MEDICAL EXPENSES

Household member receiving income:_____ Is this temporary?_____
Income Source:_____Monthly Amt of Income:$_____Claim No.:_____
When did payments begin?_____Did you receive lump sum? Yes____No____Amt: $_____
How often will you receive your income?_____ Benefits are based on: Disability?_____Elderly?_____
Out-of-Pocket medical expenses: HH member:_____Amt: $_____Provider: _____

If your case is "Simplified Reporting" (SR) for SNAP benefits, you may have different reporting requirements. Your caseworker will let you know if these requirements apply to you. If you have a 24 month certification, you will receive a 12 month mid certification form that you **must** return in order to continue your SNAP benefits.

We will send the Form to you and provide you with a self addressed, stamped envelope. **If you do not complete and return the report form to your caseworker by the due date, your SNAP benefits will end.** The next time you renew your SNAP, you will receive a telephone interview. You can ask for a face-to-face interview at DHS office if you want one. Need to report a change? Have a question? Need help? Call us. This call is free. **Family Assistance Service Center** 1-866-311-4287. We are here to help you from Monday through Friday.

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CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

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1. **mail**: Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax**: (833) 256-1665 or (202) 690-7442; or
3. **phone**: (833) 620-1071; or
4. **email**: FNSCivilRightsComplaints@usda.gov

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://www.fns.usda.gov/snap/state-directory.

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being,including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR's Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

P0007XWD-002951-0507-00

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: [redacted]
Customer ID: 203902031
Family Assistance Service Center: 1-866-311-4287

Application Number: T50909696
Date: 11/15/2024

Application Denial

As of November 14, 2024, your application for benefits has been denied because you failed to complete your interview for eligibility.

We used these reasons to make this decision:

Reason: You did not help us prove your eligibility.

What can you do about this:

- Look at the yellow and blue pages to see how to appeal.
- Call the Family Assistance Service Center at 1-866-311-4287. This is a free call.

This application is denied for SNAP.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?
Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):
You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:
- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:
- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

P0007NTT-001787-0205-00

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

CIVIL RIGHTS COMPLAINTS INVOLVING USDA PROGRAMS

USDA provides federal financial assistance for many food security and hunger reduction programs such as the Supplemental Nutrition Assistance Program (SNAP), the Food Distribution Program on Indian Reservations (FDPIR) and others. To file a program complaint of discrimination, complete the Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://www.fns.usda.gov/snap/state-directory.

CIVIL RIGHTS COMPLAINTS INVOLVING HHS PROGRAMS

HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color,

national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving federal financial assistance through HHS, complete the form on line through OCR?s Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

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P0007N7T-001787-0305-00

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: [redacted] Case Number: [redacted]
Customer ID: [redacted] Date: 11/13/2024
Family Assistance Service Center: 1-866-311-4287

Notice of Decision

SNAP

You applied for Supplemental Nutrition Assistance Program (SNAP) benefits on November 05, 2024. This letter is to let you know that we made a decision regarding your application.

Your application for SNAP benefits has been denied for the following reason(s):

Reason
Your income exceeds the income limit for SNAP.

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?
Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):
You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:
- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:
- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.

You can talk about SNAP or Families First problems. This is a free call.

P0007MCT-001872-0205-00

USDA Nondiscrimination Statement

In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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1. **mail:** Food and Nutrition Service, USDA;
   1320 Braddock Place, Room 334, Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **phone:** (833) 620-1071; or
4. **email:** FNSCIVILRIGHTSCOMPLAINTS@usda.gov.

For any other information regarding SNAP issues, persons should either contact the USDA SNAP hotline number at (800) 221-5689, which is also in Spanish, or call the state information/ hotline numbers (click the link for a listing of hotline numbers by State); found online at: https://www.fns.usda.gov/snap/state-directory.

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HHS provides federal financial assistance for many programs to enhance health and well-being, including TANF, Head Start, the Low Income Home Energy Assistance Program (LIHEAP), and others. If you believe that you have been discriminated against because of your race, color, national origin, disability, age, sex (including pregnancy, sexual orientation, and gender identity), or religion in programs or activities that HHS directly operates or to which HHS provides federal financial assistance, you may file a complaint with the Office for Civil Rights (OCR) for yourself or for someone else.

To file a complaint of discrimination for yourself or someone else regarding a program receiving

federal financial assistance through HHS, complete the form on line through OCR?s Complaint Portal at https://ocrportal.hhs.gov/ocr/. You may also contact OCR via mail at: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: OCRmail@hhs.gov. For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at OCRmail@hhs.gov or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

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P0007NCT-001872-0305-00

Appeal Number: 230802421
Uploaded Attachment(s)

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

[redacted] APPELLANT

VS

TENNESSEE DEPARTMENT OF HUMAN SERVICES

INITIAL ORDER

JURISDICTION

This case is adjudicated under 7 C.F.R. § 273.15 et seq., Tenn. Code Ann. § 4-5-301 et seq., and Tenn. Comp. R. & Regs. 1240-05-01 through 1240-05-15. After proper notice, this case came to be finally heard before DHS Administrative Judge LaKecha L. Threats on January 17, 2024, upon the Request for Fair Hearing, testimony of witnesses, evidence presented at the hearing with all parties present, and upon the entire record.

Persons Present (all by telephone):
Ms. Carly Tharp, Authorized Representative for Appellant Mr. [redacted]
Ms. Christin V. Moses, Program Coordinator, Department of Human Services

ISSUE

Whether the Department of Human Services (Department) properly processed the Appellant's Supplemental Nutrition Assistance Program (SNAP) application.

PLEADINGS, MOTIONS, AND INTERMEDIATE RULINGS

There were no pleadings, motions or intermediate rulings.

EXHIBITS

Exhibit 1 - (Department) - Evidence Packet (8 pages)

FINDINGS OF FACT

1. The Appellant, Mr. [redacted], was receiving SNAP benefits on behalf of a one-person household.

2. On June 13, 2023, the Appellant was mailed an appointment notice advising him of a scheduled application telephone interview to be held on July 10, 2023. The notice further advised the Appellant that the SNAP certification period was set to end on July 31, 2023; and his household was due to re-certify.

3. On June 30, 2023, the Appellant filed a renewal application for SNAP benefits.

4. The Appellant was not contacted for the July 10, 2023, application interview.

5. On August 31, 2023, the Appellant filed an appeal regarding the processing of the SNAP application.

CONCLUSIONS OF LAW

1. As required by 7 C.F.R. § 273.14(b), the Department properly notified the Appellant that his SNAP certification was set to end on July 31, 2023.

2. The Appellant properly submitted his renewal application on June 30, 2023, prior to the scheduled July 10, 2023, interview, and the application should have been processed. 7 C.F.R. § 273.14(b)(2).

3. As a part of the re-certification process, the Appellant was required to participate in an application interview. 7 C.F.R. § 273.14(b)(3). The Department was required to schedule the application interview. 7 C.F.R. § 273.14(b)(3)(iii). Additionally, under 7 C.F.R. § 273.14(b)(1)(iii), the Department was required to send an interview appointment letter advising the Appellant of the scheduled appointment. Here, the Department properly scheduled the July 10, 2023, interview; however, the Department failed to properly contact the Appellant for the interview.

4. According to 7 C.F.R. § 273.14(e)(1),

> If an eligible household files an application before the end of the certification period but the recertification process cannot be completed within 30 days after the date of application because of State agency fault, the State agency must continue to process the case and provide a full month's allotment for the first month of the new certification period.

The Appellant filed a renewal application prior to the expiration of his certification period. The re-certification process was ultimately not completed due to the Department's failure to contact the Appellant for the interview on the scheduled date.

Therefore, the fault in processing the renewal application lies with the Department, and the Appellant is entitled to continual processing of the application and a full month's allotment for the first month of the new certification period.

Based on these findings and 7 C.F.R. § 273.14, and state regulations and state policies, the Department of Human Services erred in processing the Appellant's Supplemental Nutrition Assistance Program application. Therefore, this matter is remanded to the Department for review of the Appellant's June 30, 2023, application. If the Appellant is determined to be eligible for SNAP benefits, the Department must issue a supplement to the household for any benefits due.

LaKecha L. Threats
DHS Administrative Judge

P-Ex. 14

OMB Approved No. 0584-0594
Expiration Date: 07/31/2023

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

PROGRAM AND BUDGET SUMMARY STATEMENT
PART B - PROGRAM ACTIVITY STATEMENT

A. STATE: **4792901 TN DEPT OF HUMAN SERVICES, SNAP-OP**

B. REPORT PERIOD

FY **2024**, Quarter **1**, Revision **0**

10	2023	TO	12	2023
Month	Year		Month	Year

CERTIFICATIONS	(A) APPROVALS	(B) DENIALS	(C) TOTAL APPROVED AND DENIED	APPROVED OVERDUE APPLICATIONS, (D) 1-30 DAYS	APPROVED OVERDUE APPLICATIONS, (E) 31-60 DAYS	APPROVED OVERDUE APPLICATIONS, (F) 61-90 DAYS	APPROVED OVERDUE APPLICATIONS, (G) 91+ DAYS
3. INITIAL APPLICATIONS	15,695	41,272	56,967	2,285	467	116	97
4. RECERTIFICATIONS	35,557	48,364	83,921	3,642	816	180	67
5. TOTAL	51,252	89,636	140,888	5,927	1,283	296	164
6a. EXPEDITED SERVICE - INITIAL APPLICATIONS	20,723			118	49	2	0
6b. EXPEDITED SERVICE - RECERTIFICATIONS	569			46	7	1	0

FAIR HEARINGS	(A) HEARINGS REQUESTED	(B) HEARINGS HELD	(C) DECISIONS UPHELD	(D) DECISIONS REVERSED	(E) DECISIONS OVERDUE	(F) WITHDRAWN REQUESTS
7. ACTIVITY	6,452	2,655	1,665	373	1,454	1,370

FRAUD INVESTIGATIONS	ELIGIBILITY FRAUD, (A) EVIDENCE FOUND TO REDUCE OR DENY BENEFITS	ELIGIBILITY FRAUD, (B) NO EVIDENCE FOUND TO REDUCE OR DENY BENEFITS	ELIGIBILITY FRAUD, (C) RESULTED IN REFERRAL FOR ADH OR PROSECUTION	ELIGIBILITY FRAUD, (D) AVERAGE # OF DAYS PER CONCLUDED INVESTIGATION	ELIGIBILITY FRAUD, (E) OPEN INVESTIGATIONS	TRAFFICKING, (F) RESULTED IN REFERRAL FOR ADH OR PROSECUTION	TRAFFICKING, (G) RESULTED IN NO REFERRAL FOR ADH OR PROSECUTION	TRAFFICKING, (H) AVERAGE # OF DAYS PER CONCLUDED INVESTIGATION	TRAFFICKING, (I) OPEN INVESTIGATIONS	COMBINED, (J) INVESTIGATOR HOURS
8. CASES/DAYS/HOURS	502	38	193	167	634	2	0	9	2	12,981

ADMINISTRATIVE DISQUALIFICATION HEARINGS	ELIGIBILITY FRAUD, (A) ADH CONCLUDED, INDIVIDUAL DISQUALIFIED	ELIGIBILITY FRAUD, (B) WAIVER SIGNED, INDIVIDUAL DISQUALIFIED	ELIGIBILITY FRAUD, (C) ADH CONCLUDED, INDIVIDUAL NOT DISQUALIFIED	ELIGIBILITY FRAUD, (D) AMOUNT SUBJECT TO CLAIM	TRAFFICKING, (E) ADH CONCLUDED, INDIVIDUAL DISQUALIFIED	TRAFFICKING, (F) WAIVER SIGNED, INDIVIDUAL DISQUALIFIED	TRAFFICKING, (G) ADH CONCLUDED, INDIVIDUAL NOT DISQUALIFIED	TRAFFICKING, (H) AMOUNT SUBJECT TO CLAIM	COMBINED, REFERRED INDIVIDUALS AWAITING SCHEDULING, (I) 91-180 DAYS	COMBINED, REFERRED INDIVIDUALS AWAITING SCHEDULING, (J) 181+ DAYS	COMBINED, (K) DECISION NOTICES OVERDUE
9. INDIVIDUALS/$/NOTICES	0	51	0	270,037	0	0	0	0	0	0	0

PROSECUTIONS	ELIGIBILITY FRAUD,(A) PROSECUTION CONCLUDED, INDIVIDUAL DISQUALIFIED	ELIGIBILITY FRAUD,(B) DCA SIGNED, INDIVIDUAL DISQUALIFIED	ELIGIBILITY FRAUD,(C) PROSECUTION CONCLUDED, INDIVIDUAL NOT DISQUALIFIED	ELIGIBILITY FRAUD,(D) AMOUNT SUBJECT TO CLAIM	TRAFFICKING, (E) PROSECUTION CONCLUDED, INDIVIDUAL DISQUALIFIED	TRAFFICKING, (F) DCA SIGNED, INDIVIDUAL DISQUALIFIED	TRAFFICKING, (G) PROSECUTION CONCLUDED, INDIVIDUAL NOT DISQUALIFIED	TRAFFICKING, (H) AMOUNT SUBJECT TO CLAIM	COMBINED, (I) AVERAGE # OF DAYS PER CONCLUDED PROSECUTION
10. INDIVIDUALS/$/DAYS	0	0	0	0	0	0	0	0	0

DATE	SIGNATURE	TITLE
STAMP/CERTIFY DATE **01/29/2024**	LAST UPDATED BY **28002012091911497841358**	LAST UPDATED ON **2/13/2024 11:35:35 AM**

Case 3:25-cv-00041 Document 23-16 Filed 01/24/25 Page 2 of 2 PageID #: 924

P-Ex. 15

OMB Approved No. 0584-0594
Expiration Date: 07/31/2023

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

PROGRAM AND BUDGET SUMMARY STATEMENT
PART B - PROGRAM ACTIVITY STATEMENT

A. STATE: **4792901 TN DEPT OF HUMAN SERVICES, SNAP-OP**

B. REPORT PERIOD

FY **2024**, Quarter **2**, Revision **0**

1	2024	TO	3	2024
Month	Year		Month	Year

CERTIFICATIONS	(A) APPROVALS	(B) DENIALS	(C) TOTAL APPROVED AND DENIED	APPROVED OVERDUE APPLICATIONS, (D) 1-30 DAYS	APPROVED OVERDUE APPLICATIONS, (E) 31-60 DAYS	APPROVED OVERDUE APPLICATIONS, (F) 61-90 DAYS	APPROVED OVERDUE APPLICATIONS, (G) 91+ DAYS
3. INITIAL APPLICATIONS	**87,226**	**59,688**	**146,914**	**45,239**	**20,107**	**3,467**	**844**
4. RECERTIFICATIONS	**44,109**	**61,224**	**105,333**	**9,957**	**822**	**78**	**15**
5. TOTAL	**131,335**	**120,912**	**252,247**	**55,196**	**20,929**	**3,545**	**859**
6a. EXPEDITED SERVICE - INITIAL APPLICATIONS	**36,546**			**22,833**	**10,220**	**1,614**	**349**
6b. EXPEDITED SERVICE - RECERTIFICATIONS	**3,660**			**3,335**	**40**	**0**	**0**

FAIR HEARINGS	(A) HEARINGS REQUESTED	(B) HEARINGS HELD	(C) DECISIONS UPHELD	(D) DECISIONS REVERSED	(E) DECISIONS OVERDUE	(F) WITHDRAWN REQUESTS
7. ACTIVITY	**11,074**	**6,085**	**4,619**	**848**	**6,384**	**1,559**

FRAUD INVESTIGATIONS	ELIGIBILITY FRAUD, (A) EVIDENCE FOUND TO REDUCE OR DENY BENEFITS	ELIGIBILITY FRAUD, (B) NO EVIDENCE FOUND TO REDUCE OR DENY BENEFITS	ELIGIBILITY FRAUD, (C) RESULTED IN REFERRAL FOR ADH OR PROSECUTION	ELIGIBILITY FRAUD, (D) AVERAGE # OF DAYS PER CONCLUDED INVESTIGATION	ELIGIBILITY FRAUD, (E) OPEN INVESTIGATIONS	TRAFFICKING, (F) RESULTED IN REFERRAL FOR ADH OR PROSECUTION	TRAFFICKING, (G) RESULTED IN NO REFERRAL FOR ADH OR PROSECUTION	TRAFFICKING, (H) AVERAGE # OF DAYS PER CONCLUDED INVESTIGATION	TRAFFICKING, (I) OPEN INVESTIGATIONS	COMBINED, (J) INVESTIGATOR HOURS
8. CASES/DAYS/HOURS	**526**	**67**	**107**	**75**	**494**	**4**	**4**	**31**	**0**	**11,400**

ADMINISTRATIVE DISQUALIFICATION HEARINGS	ELIGIBILITY FRAUD, (A) ADH CONCLUDED, INDIVIDUAL DISQUALIFIED	ELIGIBILITY FRAUD, (B) WAIVER SIGNED, INDIVIDUAL DISQUALIFIED	ELIGIBILITY FRAUD, (C) ADH CONCLUDED, INDIVIDUAL NOT DISQUALIFIED	ELIGIBILITY FRAUD, (D) AMOUNT SUBJECT TO CLAIM	TRAFFICKING, (E) ADH CONCLUDED, INDIVIDUAL DISQUALIFIED	TRAFFICKING, (F) WAIVER SIGNED, INDIVIDUAL DISQUALIFIED	TRAFFICKING, (G) ADH CONCLUDED, INDIVIDUAL NOT DISQUALIFIED	TRAFFICKING, (H) AMOUNT SUBJECT TO CLAIM	COMBINED, REFERRED INDIVIDUALS AWAITING SCHEDULING, (I) 91-180 DAYS	COMBINED, REFERRED INDIVIDUALS AWAITING SCHEDULING, (J) 181+ DAYS	COMBINED, (K) DECISION NOTICES OVERDUE
9. INDIVIDUALS/$/NOTICES	**0**	**31**	**0**	**167,469**	**0**	**2**	**0**	**1,396**	**0**	**0**	**0**

PROSECUTIONS	ELIGIBILITY FRAUD,(A) PROSECUTION CONCLUDED, INDIVIDUAL DISQUALIFIED	ELIGIBILITY FRAUD,(B) DCA SIGNED, INDIVIDUAL DISQUALIFIED	ELIGIBILITY FRAUD,(C) PROSECUTION CONCLUDED, INDIVIDUAL NOT DISQUALIFIED	ELIGIBILITY FRAUD,(D) AMOUNT SUBJECT TO CLAIM	TRAFFICKING, (E) PROSECUTION CONCLUDED, INDIVIDUAL DISQUALIFIED	TRAFFICKING, (F) DCA SIGNED, INDIVIDUAL DISQUALIFIED	TRAFFICKING, (G) PROSECUTION CONCLUDED, INDIVIDUAL NOT DISQUALIFIED	TRAFFICKING, (H) AMOUNT SUBJECT TO CLAIM	COMBINED, (I) AVERAGE # OF DAYS PER CONCLUDED PROSECUTION
10. INDIVIDUALS/$/DAYS	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

DATE	SIGNATURE	TITLE
STAMP/CERTIFY DATE **05/01/2024**	LAST UPDATED BY **28002012091911497841358**	LAST UPDATED ON **5/6/2024 1:50:51 PM**

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P-Ex. 16

OMB Approved No. 0584-0594
Expiration Date: 07/31/2023

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

PROGRAM AND BUDGET SUMMARY STATEMENT
PART B - PROGRAM ACTIVITY STATEMENT

A. STATE: **4792901 TN DEPT OF HUMAN SERVICES, SNAP-OP**

B. REPORT PERIOD

FY **2024**, Quarter **3**, Revision **0**

4	2024	TO	6	2024
Month	Year		Month	Year

CERTIFICATIONS	(A) APPROVALS	(B) DENIALS	(C) TOTAL APPROVED AND DENIED	APPROVED OVERDUE APPLICATIONS, (D) 1-30 DAYS	APPROVED OVERDUE APPLICATIONS, (E) 31-60 DAYS	APPROVED OVERDUE APPLICATIONS, (F) 61-90 DAYS	APPROVED OVERDUE APPLICATIONS, (G) 91+ DAYS
3. INITIAL APPLICATIONS	**66,987**	**33,710**	**100,697**	**21,679**	**879**	**167**	**157**
4. RECERTIFICATIONS	**99,388**	**1,499**	**100,887**	**8,489**	**4,376**	**5,743**	**9,381**
5. TOTAL	**166,375**	**35,209**	**201,584**	**30,168**	**5,255**	**5,910**	**9,538**
6a. EXPEDITED SERVICE - INITIAL APPLICATIONS	**37,345**			**19,186**	**716**	**122**	**100**
6b. EXPEDITED SERVICE - RECERTIFICATIONS	**6,064**			**3,710**	**193**	**45**	**69**

FAIR HEARINGS	(A) HEARINGS REQUESTED	(B) HEARINGS HELD	(C) DECISIONS UPHELD	(D) DECISIONS REVERSED	(E) DECISIONS OVERDUE	(F) WITHDRAWN REQUESTS
7. ACTIVITY	**7,340**	**3,280**	**2,129**	**530**	**11,244**	**1,310**

FRAUD INVESTIGATIONS	ELIGIBILITY FRAUD, (A) EVIDENCE FOUND TO REDUCE OR DENY BENEFITS	ELIGIBILITY FRAUD, (B) NO EVIDENCE FOUND TO REDUCE OR DENY BENEFITS	ELIGIBILITY FRAUD, (C) RESULTED IN REFERRAL FOR ADH OR PROSECUTION	ELIGIBILITY FRAUD, (D) AVERAGE # OF DAYS PER CONCLUDED INVESTIGATION	ELIGIBILITY FRAUD, (E) OPEN INVESTIGATIONS	TRAFFICKING, (F) RESULTED IN REFERRAL FOR ADH OR PROSECUTION	TRAFFICKING, (G) RESULTED IN NO REFERRAL FOR ADH OR PROSECUTION	TRAFFICKING, (H) AVERAGE # OF DAYS PER CONCLUDED INVESTIGATION	TRAFFICKING, (I) OPEN INVESTIGATIONS	COMBINED, (J) INVESTIGATOR HOURS
8. CASES/DAYS/HOURS	**498**	**264**	**53**	**62**	**547**	**5**	**0**	**13**	**0**	**11,933**

ADMINISTRATIVE DISQUALIFICATION HEARINGS	ELIGIBILITY FRAUD, (A) ADH CONCLUDED, INDIVIDUAL DISQUALIFIED	ELIGIBILITY FRAUD, (B) WAIVER SIGNED, INDIVIDUAL DISQUALIFIED	ELIGIBILITY FRAUD, (C) ADH CONCLUDED, INDIVIDUAL NOT DISQUALIFIED	ELIGIBILITY FRAUD, (D) AMOUNT SUBJECT TO CLAIM	TRAFFICKING, (E) ADH CONCLUDED, INDIVIDUAL DISQUALIFIED	TRAFFICKING, (F) WAIVER SIGNED, INDIVIDUAL DISQUALIFIED	TRAFFICKING, (G) ADH CONCLUDED, INDIVIDUAL NOT DISQUALIFIED	TRAFFICKING, (H) AMOUNT SUBJECT TO CLAIM	COMBINED, REFERRED INDIVIDUALS AWAITING SCHEDULING, (I) 91-180 DAYS	COMBINED, REFERRED INDIVIDUALS AWAITING SCHEDULING, (J) 181+ DAYS	COMBINED, (K) DECISION NOTICES OVERDUE
9. INDIVIDUALS/$/NOTICES	**3**	**53**	**0**	**299,302**	**0**	**1**	**0**	**529**	**0**	**0**	**0**

PROSECUTIONS	ELIGIBILITY FRAUD,(A) PROSECUTION CONCLUDED, INDIVIDUAL DISQUALIFIED	ELIGIBILITY FRAUD,(B) DCA SIGNED, INDIVIDUAL DISQUALIFIED	ELIGIBILITY FRAUD,(C) PROSECUTION CONCLUDED, INDIVIDUAL NOT DISQUALIFIED	ELIGIBILITY FRAUD,(D) AMOUNT SUBJECT TO CLAIM	TRAFFICKING, (E) PROSECUTION CONCLUDED, INDIVIDUAL DISQUALIFIED	TRAFFICKING, (F) DCA SIGNED, INDIVIDUAL DISQUALIFIED	TRAFFICKING, (G) PROSECUTION CONCLUDED, INDIVIDUAL NOT DISQUALIFIED	TRAFFICKING, (H) AMOUNT SUBJECT TO CLAIM	COMBINED, (I) AVERAGE # OF DAYS PER CONCLUDED PROSECUTION
10. INDIVIDUALS/$/DAYS	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

DATE	SIGNATURE	TITLE
STAMP/CERTIFY DATE **08/01/2024**	LAST UPDATED BY **288420221122102356548 55**	LAST UPDATED ON **8/1/2024 10:01:22 AM**

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Print

Form Approved OMB No. 0584-0594 Expiration Date: 07/31/2023

PROGRAM AND BUDGET SUMMARY STATEMENT PART B - PROGRAM ACTIVITY STATEMENT

1. STATE
4792901 TN DEPT OF HUMAN SERVICES, SNAP-OP

2. REPORT PERIOD
TO
MONTH 7 YEAR 2024 MONTH 9 YEAR 2024

CERTIFICATIONS	(a) APPROVALS	(b) DENIALS	(c) TOTAL APPROVED AND DENIED	APPROVED OVERDUE APPLICATIONS			
				(d) 1-30 DAYS	(e) 31-60 DAYS	(f) 61-90 DAYS	(g) 91+ DAYS
3. INITIAL APPLICATIONS	62,856	33,936	96,792	8,289	251	19	17
4. RECERTIFICATIONS	73,292	18,425	91,717	2,456	149	18	23
5. TOTAL	136,148	52,361	188,509	10,745	400	37	40
6a. EXPEDITED SERVICE – INITIAL APPLICATIONS	34,939	[redacted]		7,120	222	13	8
6b. EXPEDITED SERVICE - RECERTIFICATIONS	5,255			1,610	39	6	50

FAIR HEARINGS	(a) HEARINGS REQUESTED	(b) HEARINGS HELD	(c) DECISIONS UPHELD	(d) DECISIONS REVERSED	(e) DECISIONS OVERDUE	(f) WITHDRAWN REQUESTS
7. ACTIVITY	9,495	4,248	3,330	332	7,437	1,476

FRAUD INVESTIGATIONS	ELIGIBILITY FRAUD					TRAFFICKING				COMBINED
	(a) EVIDENCE FOUND TO REDUCE OR DENY BENEFITS	(b) NO EVIDENCE FOUND TO REDUCE OR DENY BENEFITS	(c) RESULTED IN REFERRAL FOR ADH OR PROSECUTION	(d) AVERAGE # OF DAYS PER CONCLUDED INVESTIGATION	(e) OPEN INVESTIGATIONS	(f) RESULTED IN REFERRAL FOR ADH OR PROSECUTION	(g) RESULTED IN NO REFERRAL FOR ADH OR PROSECUTION	(h) AVERAGE # OF DAYS PER CONCLUDED INVESTIGATION	(i) OPEN INVESTIGATIONS	(j) INVESTIGATOR HOURS
8. CASES/DAYS/ HOURS	480	271	71	77.15	994	6	0	18.16	8	13,141

ADMINISTRATIVE DISQUALIFICATION HEARINGS	ELIGIBILITY FRAUD				TRAFFICKING				COMBINED		
	(a) ADH CONCLUDED, INDIVIDUAL DISQUALIFIED	(b) WAIVER SIGNED, INDIVIDUAL DISQUALIFIED	(c) ADH CONCLUDED, INDIVIDUAL NOT DISQUALIFIED	(d) AMOUNT SUBJECT TO CLAIM	(e) ADH CONCLUDED, INDIVIDUAL DISQUALIFIED	(f) WAIVER SIGNED, INDIVIDUAL DISQUALIFIED	(g) ADH CONCLUDED, INDIVIDUAL NOT DISQUALIFIED	(h) AMOUNT SUBJECT TO CLAIM	REFERRED INDIVIDUALS AWAITING SCHEDULING (i) 91-180 DAYS	REFERRED INDIVIDUALS AWAITING SCHEDULING (j) 181+ DAYS	(k) DECISION NOTICES OVERDUE
9. INDIVIDUALS/ $/NOTICES	96	78	6	874654	10	0	1	12,150			

PROSECUTIONS	ELIGIBILITY FRAUD				TRAFFICKING				COMBINED
	(a) PROSECUTION CONCLUDED, INDIVIDUAL DISQUALIFIED	(b) DCA SIGNED, INDIVIDUAL DISQUALIFIED	(c) PROSECUTION CONCLUDED, INDIVIDUAL NOT DISQUALIFIED	(d) AMOUNT SUBJECT TO CLAIM	(e) PROSECUTION CONCLUDED, INDIVIDUAL DISQUALIFIED	(f) DCA SIGNED, INDIVIDUAL DISQUALIFIED	(g) PROSECUTION CONCLUDED, INDIVIDUAL NOT DISQUALIFIED	(h) AMOUNT SUBJECT TO CLAIM	(i) AVERAGE # OF DAYS PER CONCLUDED PROSECUTION
10. INDIVIDUALS/ $/DAYS	0	0	0	0	0	0	0	0	0

FNS-366B (Quarterly) (10/22) Previous Editions
Obsolete

SBU

Electronic Form Version Designed in Adobe 10.0 Version

P-Ex. 18

Executive Summary

As requested, information for denials and terminations has been provided in this spreadsheet. Please note that the information is for denials and terminations only. It is not individual level or family level information. It is possible that the same client provided an alternative or subsequent application that was approved for DHS services. Thus, the datasets are not indicative of whether a customer ultimately received benefits for other reasons, i.e., rescheduled interview, verification submitted within the 60 days of application date, duplicate application resolution, etc. Additionally, it is possible that the same individual or family submitted application(s) that were denied multiple times and counted several times within the list. Lastly, in the category, "registered in error," data entry errors were resolved with a "denial" designation in the system, and since this was not the final disposition of the application a denial notice was not sent to the customer at that time.

Tab Name	Tab Description
Denials	This shows all reason for intake denials and counts for each reason. Time range is **program status date** 1/1/2024 to 10/8/2024
Terminations	This shows all reason for renewal terminations and counts for each reason. Time range is terminated eligibility date date 1/1/2024 to 10/8/2024 later

Data request:

Please exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email - STS-Security

Good afternoon, Jeff,

I am requesting the following documents under the Public Records Act. This is a citizen request; I am not connected with the media. A copy of my Tennessee Driver License is attached. Please respond by sending copies to my email address, which is gbonnyman@tnjustice.org. If the documents are too large to email, please make them accessible by uploading to a platform such as Box or Dropbox and notifying me how to access them.

1. Such records as are sufficient to document the number of SNAP denials that have occurred since January 1, 2024, broken down by reason for the denial.
2. Such records as are sufficient to document the number of SNAP terminations that have occurred since January 1, 2024, broken down by reason for the termination.

If costs for this matter exceed $50, please contact me in advance. If you have any questions or would like to discuss this matter, please contact me. Thank you for your assistance.

Best,

Gordon

Gordon Bonnyman
Staff Attorney

Program	Activity Type	Status	Count	Percentage	Running Total	Reasons
FS	Intakes	Denial	83343	24.75%	24.75%	Failed To Keep Application Appointment
FS	Intakes	Denial	61688	18.32%	43.07%	Duplicate Application
FS	Intakes	Denial	54625	16.22%	59.29%	VERIFICATIONS NOT PROVIDED
FS	**Intakes**	**Denial**	**47685**	**14.16%**	**73.45%**	**Registered in Error**
FS	Intakes	Denial	40361	11.99%	85.44%	INCOME EXCEEDS INCOME LIMIT
FS	Intakes	Denial	13340	3.96%	89.40%	The household does not meet eligibility criteria
FS	Intakes	Denial	13271	3.94%	93.34%	The individual requested voluntary withdrawal of applicatior
FS	Intakes	Denial	12483	3.71%	97.05%	FAILED TO KEEP APPLICATION APPOINTMENT
FS	Intakes	Denial	6344	1.88%	98.93%	Voluntary Denial
FS	Intakes	Denial	1656	0.49%	99.42%	OVER RESOURCE LIMIT
FS	Intakes	Denial	1083	0.32%	99.74%	The household does not meet eligibility criteria., VERIFICATION NOT PROVIDED FOR EXPENSES
FS	Intakes	Denial	226	0.07%	99.81%	NO ELIGIBLE MEMBERS
FS	Intakes	Denial	108	0.03%	99.84%	The household does not meet eligibility criteria., We have to count the income and resources of an ineligible aid group membe
FS	Intakes	Denial	74	0.02%	99.86%	Non-compliance for SNAP QC
FS	Intakes	Denial	72	0.02%	99.89%	INCOME EXCEEDS INCOME LIMIT, The individual requested voluntary withdrawal of applicatior
FS	Intakes	Denial	44	0.01%	99.90%	INCOME EXCEEDS INCOME LIMIT, VERIFICATIONS NOT PROVIDED
FS	Intakes	Denial	35	0.01%	99.91%	CERTIFICATION PERIOD HAS ENDED, The household does not meet eligibility criteria
FS	Intakes	Denial	28	0.01%	99.92%	Application Processed in ACCENT
FS	Intakes	Denial	28	0.01%	99.93%	FAILURE TO PROVIDE ACCEPTABLE IDENTIFICATION
FS	Intakes	Denial	28	0.01%	99.93%	VERIFICATION NOT PROVIDED FOR EXPENSES
FS	Intakes	Denial	27	0.01%	99.94%	FAILED TO KEEP APPLICATION APPOINTMENT, The individual requested voluntary withdrawal of applicatior
FS	Intakes	Denial	25	0.01%	99.95%	FAILED TO KEEP APPLICATION APPOINTMENT, INCOME EXCEEDS INCOME LIMIT
FS	Intakes	Denial	15	0.00%	99.95%	INCOME EXCEEDS INCOME LIMIT, The household does not meet eligibility criteria
FS	Intakes	Denial	14	0.00%	99.96%	FAILURE TO PROVIDE ACCEPTABLE IDENTIFICATION, The household does not meet eligibility criteria
FS	Intakes	Denial	14	0.00%	99.96%	OVER RESOURCE LIMIT, VERIFICATION NOT PROVIDED FOR EXPENSES
FS	Intakes	Denial	14	0.00%	99.97%	The household does not meet eligibility criteria., The individual requested voluntary withdrawal of applicatio
FS	Intakes	Denial	12	0.00%	99.97%	PRIMARY INDIVIDUAL REPORTED AS DECEASED
FS	Intakes	Denial	10	0.00%	99.97%	FAILURE TO PROVIDE ACCEPTABLE IDENTIFICATION, VERIFICATION NOT PROVIDED FOR EXPENSES
FS	Intakes	Denial	10	0.00%	99.98%	MEMBER ON STRIKE
FS	Intakes	Denial	10	0.00%	99.98%	The individual requested voluntary withdrawal of application, VERIFICATIONS NOT PROVIDED
FS	Intakes	Denial	7	0.00%	99.98%	CERTIFICATION PERIOD HAS ENDED
FS	**Intakes**	**Denial**	**7**	**0.00%**	**99.98%**	**No Reason -- According to Deloitte these seem to be approvals with initial testing**
FS	Intakes	Denial	5	0.00%	99.98%	INCOME EXCEEDS INCOME LIMIT, OVER RESOURCE LIMIT
FS	Intakes	Denial	5	0.00%	99.99%	SNAP IS REDUCED BY 10% DUE TO FAMILIES FIRST SANCTION
FS	Intakes	Denial	5	0.00%	99.99%	The household does not meet eligibility criteria., VERIFICATIONS NOT PROVIDED
FS	Intakes	Denial	4	0.00%	99.99%	CERTIFICATION PERIOD HAS ENDED, The household does not meet eligibility criteria., VERIFICATION NOT PROVIDED FOR EXPENSES
FS	Intakes	Denial	4	0.00%	99.99%	FAILED TO COOPERATE WITH QC
FS	Intakes	Denial	4	0.00%	99.99%	FAILED TO KEEP APPLICATION APPOINTMENT, The household does not meet eligibility criteria
FS	Intakes	Denial	4	0.00%	99.99%	NO ELIGIBLE MEMBERS, VERIFICATIONS NOT PROVIDED
FS	Intakes	Denial	3	0.00%	99.99%	TRANSFER OF RESOURCE PENALTY
FS	Intakes	Denial	2	0.00%	99.99%	CERTIFICATION PERIOD HAS ENDED, NO ELIGIBLE MEMBERS
FS	Intakes	Denial	2	0.00%	99.99%	CERTIFICATION PERIOD HAS ENDED, OVER RESOURCE LIMIT
FS	Intakes	Denial	2	0.00%	99.99%	FAILURE TO PROVIDE ACCEPTABLE IDENTIFICATION, The household does not meet eligibility criteria., VERIFICATION NOT PROVIDED FOR EXPENSES
FS	Intakes	Denial	2	0.00%	100.00%	MEMBER ON STRIKE, The household does not meet eligibility criteria
FS	Intakes	Denial	2	0.00%	100.00%	OVER RESOURCE LIMIT, VERIFICATIONS NOT PROVIDED
FS	Intakes	Denial	2	0.00%	100.00%	The household does not meet eligibility criteria., VERIFICATION NOT PROVIDED FOR EXPENSES, We have to count the income and resources of an ineligible aid group membe
FS	Intakes	Denial	1	0.00%	100.00%	CERTIFICATION PERIOD HAS ENDED, INCOME EXCEEDS INCOME LIMIT, The household does not meet eligibility criteria
FS	Intakes	Denial	1	0.00%	100.00%	CERTIFICATION PERIOD HAS ENDED, NO ELIGIBLE MEMBERS, The household does not meet eligibility criteria
FS	Intakes	Denial	1	0.00%	100.00%	INCOME EXCEEDS INCOME LIMIT, NO ELIGIBLE MEMBERS
FS	Intakes	Denial	1	0.00%	100.00%	INCOME EXCEEDS INCOME LIMIT, The household does not meet eligibility criteria., The individual requested voluntary withdrawal of applicatio
FS	Intakes	Denial	1	0.00%	100.00%	INCOME EXCEEDS INCOME LIMIT, The household does not meet eligibility criteria., VERIFICATION NOT PROVIDED FOR EXPENSES
FS	Intakes	Denial	1	0.00%	100.00%	NO ELIGIBLE MEMBERS, The household does not meet eligibility criteria.
FS	Intakes	Denial	1	0.00%	100.00%	NO ELIGIBLE MEMBERS, The individual requested voluntary withdrawal of application
FS	Intakes	Denial	1	0.00%	100.00%	OVER RESOURCE LIMIT, The household does not meet eligibility criteria.
FS	Intakes	Denial	1	0.00%	100.00%	OVER RESOURCE LIMIT, We have to count the income and resources of an ineligible aid group member
FS	Intakes	Denial	1	0.00%	100.00%	SNAP IS REDUCED BY 10% DUE TO FAMILIES FIRST SANCTION, The household does not meet eligibility criteria.
FS	Intakes	Denial	1	0.00%	100.00%	SNAP IS REDUCED BY 10% DUE TO FAMILIES FIRST SANCTION, VERIFICATION NOT PROVIDED FOR EXPENSES
FS	Intakes	Denial	1	0.00%	100.00%	We have to count the income and resources of an ineligible aid group member

Program	Status	Count	Percentage	Running Total	Reasons
FS	Termination	70612	57.17%	57.17%	EL3016 - FAILED TO REAPPLY OR RENEW BENEFITS
FS	Termination	16431	13.30%	70.47%	EL9111 - The household does not meet eligibility criteria.
FS	Termination	10277	8.32%	78.80%	EL3006 - INCOME EXCEEDS INCOME LIMIT
FS	Termination	9413	7.62%	86.42%	EL1004 - FAILURE TO COMPLY WITH MID-CERT REPORTING
FS	Termination	6360	5.15%	91.57%	EL5054 - VERIFICATIONS NOT PROVIDED
FS	Termination	5285	4.28%	95.84%	EL5056 - FAILED TO KEEP RENEWAL APPOINTMENT
FS	Termination	2800	2.27%	98.11%	EL5023 - The individual requested voluntary withdrawal of application
FS	Termination	744	0.60%	98.71%	EL6174 - CERTIFICATION PERIOD HAS ENDED
FS	Termination	419	0.34%	99.05%	EL9100 - PRIMARY INDIVIDUAL REPORTED AS DECEASED
FS	Termination	381	0.31%	99.36%	EL0021 - LOSS OF CONTACT
FS	Termination	320	0.26%	99.62%	EL3008 - OVER RESOURCE LIMIT
FS	Termination	213	0.17%	99.79%	EL6174 - CERTIFICATION PERIOD HAS ENDED; EL9111 - The household does not meet eligibility criteria.
FS	Termination	100	0.08%	99.87%	EL9025 - CHANGE IN CIRCUMSTANCES
FS	Termination	65	0.05%	99.93%	EL1025 - NO ELIGIBLE MEMBERS
FS	Termination	17	0.01%	99.94%	EL9103 - Your household is not eligible for a benefit amount
FS	Termination	14	0.01%	99.95%	EL1059 - FAILED TO COOPERATE WITH QC
FS	Termination	9	0.01%	99.96%	EL1005 - FAILURE TO PROVIDE ACCEPTABLE IDENTIFICATION
FS	Termination	9	0.01%	99.97%	EL9110 - We have to count the income and resources of an ineligible aid group member; EL9111 - The household does not meet eligibility criteria.
FS	**Termination**	**9**	**0.01%**	**99.97%**	**No reason given**
FS	Termination	6	0.00%	99.98%	EL9021 - CHANGE IN THE PEOPLE IN YOUR CASE; EL9025 - CHANGE IN CIRCUMSTANCES; EL9026 - CHANGE IN INCOME LIMITS
FS	Termination	4	0.00%	99.98%	EL0021 - LOSS OF CONTACT; EL9111 - The household does not meet eligibility criteria
FS	Termination	3	0.00%	99.98%	EL3008 - OVER RESOURCE LIMIT; EL6174 - CERTIFICATION PERIOD HAS ENDED
FS	Termination	3	0.00%	99.99%	EL9023 - CHANGE IN INCOME; EL9024 - CHANGE IN EXPENSES OR DEDUCTIONS; EL9025 - CHANGE IN CIRCUMSTANCES
FS	Termination	2	0.00%	99.99%	EL1005 - FAILURE TO PROVIDE ACCEPTABLE IDENTIFICATION; EL9111 - The household does not meet eligibility criteria
FS	Termination	2	0.00%	99.99%	EL6005 - TRANSFER OF RESOURCE PENALTY
FS	Termination	1	0.00%	99.99%	EL9021 - CHANGE IN THE PEOPLE IN YOUR CASE; EL9024 - CHANGE IN EXPENSES OR DEDUCTIONS; EL9025 - CHANGE IN CIRCUMSTANCES; EL9026 - CHANGE IN INCOME LIMITS
FS	Termination	1	0.00%	99.99%	EL9021 - CHANGE IN THE PEOPLE IN YOUR CASE; EL9025 - CHANGE IN CIRCUMSTANCES
FS	Termination	1	0.00%	99.99%	EL9022 - CHANGE IN RESOURCES; EL9023 - CHANGE IN INCOME; EL9024 - CHANGE IN EXPENSES OR DEDUCTIONS; EL9025 - CHANGE IN CIRCUMSTANCES
FS	Termination	1	0.00%	99.99%	EL9022 - CHANGE IN RESOURCES; EL9023 - CHANGE IN INCOME; EL9025 - CHANGE IN CIRCUMSTANCES
FS	Termination	1	0.00%	99.99%	EL9022 - CHANGE IN RESOURCES; EL9024 - CHANGE IN EXPENSES OR DEDUCTIONS; EL9025 - CHANGE IN CIRCUMSTANCES
FS	Termination	1	0.00%	100.00%	EL9023 - CHANGE IN INCOME
FS	Termination	1	0.00%	100.00%	EL9023 - CHANGE IN INCOME; EL9025 - CHANGE IN CIRCUMSTANCES
FS	Termination	1	0.00%	100.00%	EL9023 - CHANGE IN INCOME; EL9025 - CHANGE IN CIRCUMSTANCES; EL9026 - CHANGE IN INCOME LIMITS
FS	Termination	1	0.00%	100.00%	EL9025 - CHANGE IN CIRCUMSTANCES; EL9026 - CHANGE IN INCOME LIMITS
FS	Termination	1	0.00%	100.00%	EL9026 - CHANGE IN INCOME LIMITS
FS	Termination	1	0.00%	100.00%	EL9078 - SNAP IS REDUCED BY 10% DUE TO FAMILIES FIRST SANCTION
FS	Termination	1	0.00%	100.00%	EL9103 - Your household is not eligible for a benefit amount; EL9111 - The household does not meet eligibility criteria
			0.00%	100.00%	
		123510			

P-Ex. 19

State: TENNESSEE
Corrective Action Plan for: APPLICATION PROCESSING TIMELINESS
Corrective Action Plan Type: Intitial CAP

ROOT CAUSE ANALYSIS
In identifying the root cause of each deficiency, please address the following per 7 CFR 275.16(c):

(1) Magnitude of the deficiency [(defined in 7 CFR 275.15(c)(3)]:

In the six months preceding the initiation of this CAP, State-reported QC data concerning timely processing of initial SNAP applications showed a six-month APT rate of 69%.

State-Reported QC Data	April 2023	May 2023	June 2023	July 2023	Aug 2023	Sept 2023	6-Month Cumulative
Processed Timely	18	13	17	11	10	19	88
Total Reviewed by QC for APT	26	19	20	12	15	35	127
Timelines Rate	**69%**	**68%**	**85%**	**92%**	**67%**	**54%**	**69%**

The State completed eligibility system conversion 12/29/23. Tennessee's statewide universe shows a six-month cumulative APT rate of 79%.

Statewide Program Data	Jan 2024	Feb 2024	March 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sept 2024	6-Month Cumulative
Processed Timely	1,821	8,124	10,341	13,895	21,917	17,711	21,695	24,365	23,211	122,794
Total Processed	25,045	37,511	28,261	29,056	29,621	20,898	25,488	27,035	25,517	157,615
Timelines Rate	**7%**	**22%**	**37%**	**48%**	**74%**	**85%**	**85%**	**90%**	**91%**	*Average* **79%**

FFY 24 state-reported QC data shows a cumulative APT rate of 56%.

State-Reported QC Data	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	March 2024	April 2024	May 2024	June 2024	July 2024	Aug 2024	Sept 2024	6-Month Cumulative
Processed Timely	16	11	6	10	12	6	16	14					64
Total Reviewed by QC for APT	24	19	15	21	20	16	28	29					129
Timelines Rate	**67%**	**46%**	**29%**	**45%**	**43%**	**24%**	**41%**	**42%**					*Average* **37%**

The State reviewed cases that were untimely and found these errors were due to staff vacancies, staff training, and inefficient business processes.

(2) Geographic extent of the deficiency (e.g., Statewide/project area or management unit): Statewide

(3) Anticipated results of corrective action(s): The State's APT rate will improve 5% by July 1, 2024.

(4) High probability of errors occurring as identified through all management evaluation sources: Yes

Deficiency / Identified Root Cause	Corrective Action Strategies	Metric(s)/Evaluation Measure(s)	STATUS	Completion Date
Deficiency #1: Untimely Application Processing				
Root Cause #1: Staff Vacancies **Lead(s) Responsible:** Lisa Francis, Director of Field Operations, Family Assistance This corrective action strategies related to this root cause were selected with the goal of filling vacant positions with quality talent as quickly as possible. As of 10/1/23, TN's Eligibility Counselor vacancy rate was 11.76% (141 of 1,199 positions vacant). The State's Eligibility Assistant vacancy rate was 12.82% (50 of 390 positions vacant). As of 4/1/24, TN's Eligibility Counselor vacancy rate is 3.40% (41 of 1,206 positions vacant). The State's Eligibility Assistant vacancy rate is 8.70% (34 of 391 positions vacant). As of 10/31/24, TN's Eligibility Counselor vacancy rate is 3% (34 of 1,166 positions vacant). The State's Eligibility Assistant vacancy rate is 6% (25 of 391 positions vacant).	Strategy #1: Implement specialized recruiting to increase eligibility staff applicant pools. People Operations began implementing targeted recruitment strategies to increase applicant pools in December 2023 including emergency job postings, coordination with regional offices to post positions and fill vacancies, resume mining to find and prompt candidates to apply, partnering with hiring managers to more effectively review and sort resumes, and job fairs. Implementation of targeted "evergreen" job postings for Eligibility Counselor and Eligibility Assistant positions occurred 2/27/2024.	• Time to fill vacant positions As of 10/1/23, the average number of days to fill an eligibility staff position was 58 days. As of 4/1/24, the average number of days to fill an eligibility staff position is 46 days. As of 10/31/24, the average number of days to fill an eligibility staff position is 34 days.	Complete	February 27, 2024
	Strategy #2: Reduce vacancies to increase eligibility staff capacity and relieve pressure on existing staff. Onboarding new staff to reduce the Eligibility Counselor vacancy rate directly impacts staff capacity to complete interviews and casework.	• Average daily Eligibility Counselor interview and case processing targets As of 10/1/23, Eligibility Counselors' average interview caseload was targeted at 12 interviews per day and case processing was targeted at 10 cases per day. As of 4/1/24, Eligibility Counselors' average interview caseload was targeted at 7 interviews per day and case processing is targeted at 7 cases per day. As of 10/31/24, Eligibility Counselor's average interview caseload was targeted at 4 (for EC1s) and 8 (for EC2s) interviews per day and case processing was targeted at 4 (for EC1s) and 5 (for EC2s) cases per day.	Complete	September 30, 2024
Root Cause #2: Staff Training **Lead(s) Responsible:** Lisa Francis, Director of Field Operations, Family Assistance	Strategy #1: Streamline Eligibility Counselor training. The State's new Eligibility and Case Management System (EBMS) utilizes an intuitive workflow that guides staff through application and case processing whereas the	• Length of Eligibility Counselor training Prior to implementation of EBMS, the length of Eligibility Counselor training was 13 weeks.	Complete	December 28, 2023

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TN's corrective action strategies related to this root cause were selected with the goal of minimizing the amount of time needed for new Eligibility Counselors to gain the knowledge and skills needed to begin processing application and case maintenance tasks at full capacity. As of 10/1/23, TN's average time to bring a new Eligibility Counselor to full proficiency was 12 months. As of 4/1/24, TN's average time to bring a new Eligibility Counselor to full proficiency is 9 months. As of 10/31/24, TN's average time to bring a new Eligibility Counselor to full proficiency is 9 months.	now-retired "green screen" legacy system required staff to develop knowledge of numerous queries and memorize which screens/processes should be accessed in which order based on the variables in a given case. Further, SNAP policy is built into EBMS design rules, requiring less time spent training on policy.	As of 4/1/24, the length of Eligibility Counselor training is 4 weeks. As of 10/31/24, the length of Eligibility Counselor training is 6 weeks.		
	Strategy #2: Integrate graduated caseload assignments for new Eligibility Counselors within EBMS. While TN has historically utilized graduated caseloads to support staff transitioning from training into full capacity day-to-day operations, development of individual staff members' graduated caseloads was previously a manual process performed by Field Management. EBMS provides real-time data on staff performance for improved tracking and supports development of graduated caseloads tailored to individual staff based on performance.	• Length of time required train an Eligibility Counselor to manage and maintain a full caseload Prior to implementing EBMS, the average time to train an Eligibility Counselor to manage and maintain a full caseload was 12 months. As of 4/1/24, the average time to train an Eligibility Counselor to manage and maintain a full caseload is 9 months. As of 10/31/24, the average time to train an Eligibility Counselor to manage and maintain a full caseload is 9 months.	Complete	December 28, 2023
Root Cause #3: Inefficient Business Processes **Lead(s) Responsible:** Keisha Thaxton, Director of Operations, Family Assistance; Michelle Joyner, SNAP Director TN's corrective action strategies related to this root cause were selected with the goal of improving efficiencies within business practices that directly impact application processing timeliness. As of 1/2/24, TN had 59,284 SNAP intake applications pending, including 33,844 applications aged 31 days and older.	Strategy #1: Eliminate cold calls prior to scheduling eligibility interviews. TN's practice of conducting two cold calls to each household in an attempt to complete an eligibility interview prior to actually scheduling an eligibility interview unnecessarily delayed application processing, as customers are often unavailable to intercept unexpected calls from the Department due to work schedules and other responsibilities.	• Number of interviews pending scheduling As of 12/4/23, there were over 50,000 interviews pending scheduling. As of 4/1/24, there are zero (0) interviews pending scheduling. As of 10/31/24, there are zero (0) interviews pending scheduling.	Complete	September 30, 2023
	Strategy #2: Develop functional teams within eligibility staff ("Interview Team" and "Processing Team") to manage workload more effectively. By creating separate interview and processing teams, TN can streamline processing by specializing staff within functional areas.	• Percentage of pending applications aged 31 days and older As of 10/1/23, the percentage of pending applications aged 31 days and older was over 75%.	Complete	January 22, 2024

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As of 4/5/24, TN has 30,576 SNAP intake applications pending, including 1,037 applications aged 31 days and older. As of 10/31/24, TN has 18,464 SNAP intake applications pending, including 586 applications aged 31 days and older.		As of 4/1/24, the percentage of pending applications aged 31 days and older is 3.39%. As of 10/31/24, the percentage of pending applications aged 31 days and older is 1.69%. Application turnaround time: • September 2024: 10.1 days • October 2024: 8.6 days		
	Strategy #3: Implement improved communications strategy regarding eligibility interviews. In January 2024, TN implemented media releases, a social media blitz, appointment reminder call campaigns, began masking outgoing phone numbers to display "State of Tennessee," and connected with the three major cellular providers to ensure that outgoing calls from TDHS are not flagged as "spam" in an effort to reduce its no-show rate related to eligibility interviews.	• Rate of "no shows" for eligibility interviews As of 1/22/24, the no-show rate was 42%. As of 4/1/24, the no-show rate is 27.42%. As of 10/31/24, the no-show rate is 23.55%.	Complete	January 22, 2024
	Strategy #4: Develop detailed workload volume reports in EBMS to monitor pending work. TN's legacy system was extremely limited with respect to reporting capacity. The EBMS system has robust logic and design capabilities that allow for development of dynamic reporting that can be utilized to monitoring a variety of pending tasks and variables, improving TN's ability to be responsive in the face of changing conditions (increase in applications, reduction in staff capacity, etc.).	• Number/percentage of intake applications received statewide • Number/percentage of intake applications disposed statewide As of 1/12/24, TN received an average of 14,820 intake applications each week and disposed of an average of 13,145 each week. As of 4/1/24, TN receives an average of 13,800 intake applications each week and disposes of an average of 14,253 intake applications each week. As of 10/31/24, TN receives an average of 9,086 intake applications each week and disposes of an average of 10,058 intake applications each week.	Complete	February 29, 2024
	Strategy #5: Adjust staff assignments weekly to best meet workload demands and customer needs.	• Number of intake applications received statewide	Complete	June 30, 2024

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	Using detailed workload volume reports, TN can be more responsible in the face of changing conditions (increase in applications, reduction in staff capacity, etc.) and adjust staff assignments as needed in order to achieve and maintain timely application processing.	• Number/percentage of intake applications disposed As of 1/12/24, TN received an average of 14,820 intake applications each week and disposed of an average of 13,145 each week. As of 4/1/24, TN receives an average of 13,800 intake applications each week and disposes of an average of 14,253 intake applications each week. As of 10/31/24, TN receives an average of 9,086 intake applications each week and disposes of an average of 10,058 intake applications each week.		

P-Ex. 20

United States Department of Agriculture

Food and Nutrition Service

Southeast Region

61 Forsyth St. S.W.
Room 8T36
Atlanta, GA
30303-3415

July 1, 2024

Michelle Joyner
SNAP/EBT Director
Division of Family Assistance and Child Support
Tennessee Department of Human Services
James K. Polk Building
15th Floor
505 Deaderick Street
Nashville, Tennessee 37243

Dear Ms. Joyner:

This is to advise your office of the results of our Fiscal Year (FY) 2024 Management Evaluation (ME) of the Tennessee Department of Human Services' administration of the Supplemental Nutrition Assistance Program. The purpose of the review was to evaluate your agency's operations and compliance with established policies, regulatory requirements, and quality standards. The Food and Nutrition Service (FNS) reviewers conducted a review of the State agency (SA). The enclosed report examined the State's performance in the Recertification Program Access functional area, during the week of May 13, 2024.

For the functional area covered during this review, the evaluation identified seven findings. A finding is the identification of noncompliance with regulations, FNS instructions, policy memoranda, and/or other authoritative documents. Each finding is associated with a required corrective action. The term "required corrective action" is the element of the report that conveys action(s) that must be taken by the SA to correct noncompliance with Federal requirements and policy.

Enclosed you will find the full report that includes a detailed description of the above referenced findings.

The State must submit a comprehensive written response to the corrective actions required within 60 calendar days of your receipt of this letter. The response must address each required corrective action including implementation timeframes and supporting documentation as needed. Upon receipt and review of the information requested to address these findings, we will advise your office if additional actions are needed to resolve the issues identified.

AN EQUAL OPPORTUNITY EMPLOYER

Christine Perrette, Program Specialist of the Supplemental Nutrition Assistance Program, is available at (850) 890-4949 or christine.perrette@usda.gov to answer any questions.

Sincerely,

VERONICA BRYANT Digitally signed by VERONICA BRYANT Date: 2024.07.01 17:16:22 -04'00'

VERONICA BRYANT
Branch Chief, Program Operations
Supplemental Nutrition Assistance Program

Enclosure

FY 2024

Tennessee Department of Human Services

Supplemental Nutrition Assistance Program (SNAP) Management Evaluation Report

May 13 – 17, 2024

SNAP
Supplemental Nutrition Assistance Program
Putting Healthy Food Within Reach

USDA United States Department of Agriculture
Food and Nutrition Service

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I. Executive Summary

Management Evaluation Fiscal Year 2024
Supplemental Nutrition Assistance Program
Tennessee Department of Human Services

The Supplemental Nutrition Assistance Program (SNAP) Management Evaluation (ME) is an ongoing assessment of your agency's compliance with responsibilities for SNAP administration, as outlined in the applicable Code of Federal Regulations and the Food and Nutrition Service (FNS) instructions and policies. The ME review provides the Southeast Regional Office staff the opportunity to observe and evaluate the State Agency's (SA) processes and procedures for complying with the requirements outlined in the FNS regulations, handbooks, and FNS policy. Additionally, the review is an opportunity for regional staff to provide technical assistance regarding new regulations and policy interpretations that may be needed.

FNS staff conducted an on-site Recertification Program Access Review (PAR) during the week of May 13, 2024. The ME assessed State's performance in this functional area, designated as a priority. Details, on the target area selected for review, are explained in the Scope and Methodology sections of the report.

A formal Exit Conference was held on Friday, May 17, 2024, to provide a summary of the work performed at the State and local offices, discuss any anticipated findings, and required corrective actions.

The information in this report is the result of an ongoing exchange between FNS and SA staff, observation of operations, virtual review of case files, review of FNS and Tennessee Department of Human Services management reports, and interviews with staff in the State and Shelby County local offices. This report is written based on the results of the review and encloses seven regulatory findings for which corrective action is required. The ME identified the following major findings:

Recertification PAR

- The SA failed to certify recertification applications timely.
- The SA failed to establish the correct filing date.
- The online application did not allow the client to file an application with name, address, and signature.
- The Notice of Denial did not inform the household of its right to file a new application, thirty days after the end of the recertification period.

A written response to the findings and corrective actions detailed in the ME report must be submitted within 60 calendar days of receipt of the report. The response must include a description of the corrective action for the finding, including implementation timeframes and supporting documentation, as necessary. Additional details on the requirements for the Corrective Action Response can be found in the report.

II. Definitions

Corrective Action Response (CAR): Actions that are proposed or taken by a State agency (SA) to respond to a finding of non-compliance with Federal regulations, FNS instructions, and/or policy memoranda. The term 'Required Corrective Action' is the element of the ME report that conveys the action(s) that must be taken by the SA to correct the non-compliance with Federal regulations, FNS instructions, and/or policy memoranda and prescribed by FNS for the SA to move into compliance with Federal requirements and policy.

Finding: Identification of non-compliance with program regulations, FNS instructions, and/or policy memoranda, and/or other authoritative documents that must be corrected by the State agency. Each finding is associated with a required corrective action.

Functional Areas: Specific areas or components of program operations and administration performed by the State agency that are examined and evaluated in an ME such as Recertification and eligibility, program access, financial management, and local agency oversight.

Management Evaluation (ME): Periodic compliance assessment of State agency or local program operations and administration resulting in a report of findings, observations, and noteworthy initiatives.

ME Report: Formal, comprehensive report of the ME review that typically includes findings, required corrective actions, observations, suggestions, and noteworthy initiatives.

Required Corrective Action: A statement in the ME report that conveys the action(s) that must be taken by the State agency to correct non-compliance with Federal regulations, FNS instructions, and/or policy memoranda. Required corrective actions are prescribed by FNS but may have input by the State agency. The State agency is required to provide a Corrective Action Response to FNS' required corrective action. All required corrective actions must be validated by FNS to ensure the State agency has implemented the corrective action and that the corrective action has addressed the violation prior to closing the applicable finding(s).

III. Acronyms

CAR	Corrective Action Response
CFR	Code of Federal Regulations
FNS	Food and Nutrition Service
TDHS	Tennessee Department of Human Services
ME	Management Evaluation
PAR	Program Access Review
SA	State Agency
SNAP	Supplemental Nutrition Assistance Program

IV. Introduction

An entrance conference call was conducted on Monday, May 13, 2024, with TDHS, Division of Family Assistance and Child Support. This report is based on the results of the review of files and discussions with members of the State Agency (SA) staff and local staff in Shelby County. The formal exit conference was held on Friday, May 17, 2024, with SA officials to discuss the work performed during the week and to discuss anticipated findings and required corrective actions.

The following Table 1 identifies the TDHS staff supporting the review and the FNS, Supplemental Nutrition Assistance Program (SNAP) review team members:

Table 1

Review Participants		
Name	**Title**	**Organization**
Michelle Joyner	SNAP Director, Division of Family Assistance	TDHS
Keisha Thaxton	Director of Operations, Division of Family Assistance	TDHS
Charles Bryson	Assistant Commissioner, Division of Family Assistance & Child Support	TDHS
Scott Hanni	Audit Director for Data Analytics, TDHS Office of Inspector General	TDHS
Angela Lott	DHS Field Management Director 1	TDHS
Senitra Burnett	Eligibility Assistant	TDHS
Betty Ray	Eligibility Counselor 2	TDHS
Jalisa Johnson	Field Supervisor 1	TDHS
Keith Nickelson	Eligibility Counselor 2	TDHS
Tre Ellis	Eligibility Counselor 2	TDHS
Robert Gordon	Eligibility Counselor 2	TDHS
Tracy Monroe	Lead Program Specialist	FNS
Christine Perrette	Program Specialist	FNS

V. Objective

The main objective of this Management Evaluation (ME) was to determine SA compliance with Federal statutory law and implementing regulations, policies, and directives applicable to the federally funded SNAP.

Scope

The ME process is designed to assess the SA's compliance with its responsibilities for administration of SNAP, as outlined in the applicable Code of Federal Regulations (CFR), FNS instructions, and policies. This ME was conducted on-site in Shelby County the week of May 13 – 17, 2024. The ME assessed performance in program areas designated as priority and at-risk areas. This area included Recertification Program Access Review (PAR).

The area with findings is:

- Recertification PAR

VI. Methodology

The review was conducted in accordance with FNS and SNAP ME Guidance and utilized procedures and requirements set forth in the following SNAP ME review guide(s):

- Recertification SNAP PAR ME Guide (October 2023)

Specific evidence gathering practices used during the review include:

- Interviews with staff
- Data collection and review
- Policy and training documentation review
- Observations
- Case file reviews

More details on each of the above practices are provided below.

Interviews

The FNS review team held one-on-one interviews with SA and local office staff during the on-site visit. FNS used an interview protocol designed to elicit information on the SNAP operational process for each of the ME targeted review areas.

Table 2 provides a list of State and local office staff interviewed during FNS' review.

Table 2

Staff Interviews		
Name	**Title**	**Notes**
Recertification PAR		
Michelle Joyner	SNAP Director	Local Leadership Interview Form

Angela Lott	DHS Field Management Director 1	Local Leadership Interview Form
Senitra Burnett	Eligibility Assistant	Eligibility Worker Interview Form
Betty Ray	Eligibility Counselor 2	Eligibility Worker Interview Form
Jalisa Johnson	Field Supervisor 1	Eligibility Worker Interview Form

Data Collection and Review

The FNS review team requested the following data prior to the review activities:

FNS requested a random sample of cases from Shelby County, which were Recertification approvals and denials in November 2023 – January 2024. From that sample, a selection of 40 cases were subjected to the case file review, 20 approvals and 20 denials. The review team analyzed cases for compliance with program requirements for recertification processing, including notices, interviews, verification, and timeliness.

Policy and Training Review

Prior to the hybrid review, FNS requested various policy and training documents to determine how staff are instructed and trained on the functional area of the review.

Table 3 identifies the training materials and guidance received by FNS and used as part of this review.

Table 3

Policy and Training Materials Reviewed	
Title	**Date**
Recertification PAR	
Procedure for SNAP Recertification	11/01/2021
SNAP Application Processing Guide	Revised 01/23/24
Interview Desk Guide	Revised 01/19/2024
SNAP Continued Responsibilities	11/30/2023

Observations

FNS conducted three telephone interview observations. The purpose was to identify how SNAP eligibility workers perform SNAP recertification interviews. FNS determined that the SNAP eligibility workers did not discuss Low Income Home Energy Assistance Program during the call and FNS recommends that the SA includes this on their interview tool.

FNS reviewed the SA interview tool that requires Eligibility Workers to document the date and time of interview appointment. It was observed that the time was not consistently documented in

the case files. FNS recommends that the SA ensures Eligibility Workers document the interview date and time in the case notes.

FNS reviewed the SA denial codes and observed the Eligibility Workers, most often, selected "You did not cooperate with us on the review/recertification of your eligibility" denial reason. FNS recommends the Eligibility Workers use the SA Denial Codes most relevant to the case determination.

Case File Reviews

The FNS review team reviewed 40 approved and terminated case files from a sample of the Shelby County caseload. The purpose of the case file review was to determine if the SA is processing cases in compliance with recertification requirements. The FNS review team used a case file review protocol to ensure each case was reviewed in a consistent manner and that all areas of the SNAP Federal requirements were reviewed.

Table 4 provides a breakout of the types of SNAP cases reviewed. Appendix A – *Case File Reviews,* provides details on any compliance issues found in each of the cases reviewed.

Table 4

Type of Cases	# of Cases Reviewed
Recertification PAR	
Recertification Approvals	20
Recertification Terminations	20
Total	**40**

VII. Findings and Required Corrective Actions

Recertification PAR

Finding 1.1: The SA failed to provide households that have met all application requirements, an opportunity to participate by the household's normal issuance cycle in the month following the end of its current certification period. 7 CFR 273.14(d)(2)

Background: During the case file review, FNS determined that the SA failed to process recertification applications within the regulatory 30-day processing standard in 20 percent of the cases reviewed.

Required Corrective Action 1.1: The SA must adhere to the regulatory processing standards and provide training to the appropriate staff. Upon completion of training, the SA must provide FNS a roster of staff who completed the training. Additionally, FNS will request a case sample of approved certification cases to validate compliance.

Finding 1.2: The SA failed to establish the correct filing date on SNAP applications submitted by the household via upload to the customer portal. 7 CFR 273.2(c)(1)(iv)

Background: During the case file review, FNS discovered that the submission time was not retained on applications submitted by the household via the online portal in 100 percent of online portal cases reviewed. Without the time stamp, FNS is unable to determine if the filing date was established based on standard business hours.

Required Corrective Action 1.2: The SA must adhere to the filing date standards and provide training to all appropriate staff. Upon completion of training, the SA must provide FNS a roster of staff who completed the training. Additionally, FNS will request a case sample of online, certification applications to validate compliance.

Finding 1.3: The online application does not allow the client to file an application with only name, address, and signature. 7 CFR 273.2(c)(1)(iii)

Background: During the review, FNS was unable to submit an online application at any point beyond name, address, and signature without addressing mandatory fields.

Required Corrective Action 1.3: The SA must update its online application to allow applicants the opportunity to submit a SNAP application at any point in the application process with only name, address, and signature. The SA must provide FNS a link to the updated online application for validation.

Finding 1.4: The SA failed to notify all applicants, on the online application form, that the alien status of applicant household members may be subject to verification by USCIS through the submission of information from the application to USCIS, and that the submitted information received from USCIS may affect the household's eligibility and level of benefits. 7 CFR 273.2(b)(2)

Background: During the online application review, FNS discovered that the SA failed to notify all applicants the alien status of household members may be subject to verification by USCIS and the submitted information received from USCIS may affect the household's eligibility and level of benefits.

Required Corrective Action 1.4: The SA must revise the online application to include a statement notifying all applicants that the alien status of applicant household members may be subject to verification by USCIS through the submission of information from the application to USCIS, and that the submitted information received from USCIS may affect the household's eligibility and level of benefits. Upon completion of the online revision, the SA must provide FNS with a screenshot of the revision from the website to validate compliance.

Finding 1.5: The SA failed to inform each household in writing of its right to request a fair hearing, on the online application. 7 CFR 273.15(f)

Background: During the online application review, FNS discovered that the online application failed to inform the household in writing of its right to request a fair hearing.

Required Corrective Action 1.5: The SA must revise the online application to include a statement informing the household of the right of its right to request a fair hearing. Upon completion of the online revision, the SA must provide FNS with a screenshot of the revision from the website to validate compliance.

Finding 1.6: The SA failed to ask the household, which is potentially categorically eligible, but whose SNAP application is denied, to inform the SA if it is approved to receive Public Assistance (PA) and/or Supplemental Security Income (SSI) benefits or benefits from a State or local General Assistance (GA) program, on its Notice of Denial. 7 CFR 273.10(g)(1)(ii)

Background: During the notice review, FNS determined the Notice of Denial failed to include the statement to SNAP households, who are potentially categorically eligible, but were denied, of the responsibility to inform the SA if it is approved to receive PA, SSI, or GA.

Required Corrective Action 1.6: The SA must revise the Notice of Denial to include a statement informing potentially categorically eligible households, whose SNAP application is denied, of the duty to inform the SA when it is approved to receive PA and/or SSI benefits or benefits from a State or local GA program. Upon completion of the notice revision, the SA must provide FNS with copy of the revised notice to validate compliance.

Finding 1.7: The Notice of Denial failed to inform the household of its right to file a new application, within thirty days after the end of the recertification period. 7 CFR 273.10(g)(1)(ii)

Background: During the notice review, FNS discovered that the Notice of Denial failed to inform the household of its right to file a new application, within thirty days after the end of the recertification period.

Required Corrective Action 1.7: The SA must revise the Notice of Denial to include a statement informing the household of the right its right to file a new application, within thirty days after the end of the recertification period. Upon completion of the notice revision, the SA must provide FNS with a copy of the revised notice to validate compliance.

VIII. Corrective Action Response

As stipulated in 7 CFR 275.16, the State is required to provide a written response identifying its corrective actions to findings outlined in this ME report. The corrective action response (CAR) is due **60 calendar days** after receipt of this ME report. The CAR must address all findings and must show evidence of the following:

- Evaluation of the finding(s),
- Identification of the root cause(s) of the finding(s),
- Magnitude and geographic extent of deficiency,
    - Include data sources used to substantiate the magnitude and geographic extent
- Determination of the corrective action(s) necessary to address the root cause(s) and correct the finding in a sustainable manner,
- Identification of the timeframes related to each corrective action (i.e., major milestone dates, target completion date),
- Identification of the State agency officials responsible or the point of contact for each corrective action,
- Basis for management decisions on planning, implementing, and evaluating corrective actions, and
    - How will the State monitor the corrective action?
    - How will the State know if the corrective action is successful in addressing the root causes?
- Documentation/evidence for any corrective action that has been implemented.

FNS can provide technical assistance in developing the CAR if requested by the State.

Appendix A

Case File Reviews

Recertification PAR

FNS reviewed a total of 40 recertification approvals and termination cases from November 2023 through January 2024 from a sub-sample of Shelby County case files.

Case #	Application Date	Case Results
XXXXX8471	11/28/23	Incorrect filing date – paper application
XXXXX2671	11/24/23	Incorrect filing date – Unable to determine time when uploaded to portal by client
XXXXX0214	10/26/23	Incorrect filing date – paper application – date typed in red
XXXXX7662	12/09/23	Incorrect filing date – Unable to determine time when uploaded to portal by client
XXXXX2742	12/02/23	Incorrect filing date – Unable to determine time when uploaded to portal by client
XXXXX3226	11/6/23	Incorrect filing date - Unable to determine time when uploaded to portal by client
XXXXX5512	10/23/23	Incorrect filing date – online application
XXXXX9990	11/17/23	Untimely approval
XXXXX7613	12/20/23	Untimely approval
XXXXX9507	12/4/23	Untimely approval
XXXXX5661	12/14/23	Untimely approval

P-Ex. 21

United States Department of Agriculture

Food and Nutrition Service

Southeast Region

61 Forsyth St. S.W.
Room 8T36
Atlanta, GA
30303-3415

July 1, 2024

Michelle Joyner
SNAP/EBT Director
Division of Family Assistance and Child Support
Tennessee Department of Human Services
James K. Polk Building
15th Floor
505 Deaderick Street
Nashville, Tennessee 37243

Dear Ms. Joyner:

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For the functional area covered during this review, the evaluation identified seven findings. A finding is the identification of noncompliance with regulations, FNS instructions, policy memoranda, and/or other authoritative documents. Each finding is associated with a required corrective action. The term "required corrective action" is the element of the report that conveys action(s) that must be taken by the SA to correct noncompliance with Federal requirements and policy.

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The State must submit a comprehensive written response to the corrective actions required within 60 calendar days of your receipt of this letter. The response must address each required corrective action including implementation timeframes and supporting documentation as needed. Upon receipt and review of the information requested to address these findings, we will advise your office if additional actions are needed to resolve the issues identified.

Christine Perrette, Program Specialist of the Supplemental Nutrition Assistance Program, is available at (850) 890-4949 or christine.perrette@usda.gov to answer any questions.

Sincerely,

VERONICA BRYANT
Digitally signed by VERONICA BRYANT
Date: 2024.07.01 17:16:22 -04'00'

VERONICA BRYANT
Branch Chief, Program Operations
Supplemental Nutrition Assistance Program

Enclosure

FY 2024

Tennessee Department of Human Services

Supplemental Nutrition Assistance Program (SNAP) Management Evaluation Report

May 13 – 17, 2024

SNAP Supplemental Nutrition Assistance Program

Putting Healthy Food Within Reach

USDA United States Department of Agriculture Food and Nutrition Service

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I. Executive Summary

Management Evaluation Fiscal Year 2024
Supplemental Nutrition Assistance Program
Tennessee Department of Human Services

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Recertification PAR

- The SA failed to certify recertification applications timely.
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- The online application did not allow the client to file an application with name, address, and signature.
- The Notice of Denial did not inform the household of its right to file a new application, thirty days after the end of the recertification period.

A written response to the findings and corrective actions detailed in the ME report must be submitted within 60 calendar days of receipt of the report. The response must include a description of the corrective action for the finding, including implementation timeframes and supporting documentation, as necessary. Additional details on the requirements for the Corrective Action Response can be found in the report.

II. Definitions

Corrective Action Response (CAR): Actions that are proposed or taken by a State agency (SA) to respond to a finding of non-compliance with Federal regulations, FNS instructions, and/or policy memoranda. The term 'Required Corrective Action' is the element of the ME report that conveys the action(s) that must be taken by the SA to correct the non-compliance with Federal regulations, FNS instructions, and/or policy memoranda and prescribed by FNS for the SA to move into compliance with Federal requirements and policy.

Finding: Identification of non-compliance with program regulations, FNS instructions, and/or policy memoranda, and/or other authoritative documents that must be corrected by the State agency. Each finding is associated with a required corrective action.

Functional Areas: Specific areas or components of program operations and administration performed by the State agency that are examined and evaluated in an ME such as Recertification and eligibility, program access, financial management, and local agency oversight.

Management Evaluation (ME): Periodic compliance assessment of State agency or local program operations and administration resulting in a report of findings, observations, and noteworthy initiatives.

ME Report: Formal, comprehensive report of the ME review that typically includes findings, required corrective actions, observations, suggestions, and noteworthy initiatives.

Required Corrective Action: A statement in the ME report that conveys the action(s) that must be taken by the State agency to correct non-compliance with Federal regulations, FNS instructions, and/or policy memoranda. Required corrective actions are prescribed by FNS but may have input by the State agency. The State agency is required to provide a Corrective Action Response to FNS' required corrective action. All required corrective actions must be validated by FNS to ensure the State agency has implemented the corrective action and that the corrective action has addressed the violation prior to closing the applicable finding(s).

III. Acronyms

CAR	Corrective Action Response
CFR	Code of Federal Regulations
FNS	Food and Nutrition Service
TDHS	Tennessee Department of Human Services
ME	Management Evaluation
PAR	Program Access Review
SA	State Agency
SNAP	Supplemental Nutrition Assistance Program

IV. Introduction

An entrance conference call was conducted on Monday, May 13, 2024, with TDHS, Division of Family Assistance and Child Support. This report is based on the results of the review of files and discussions with members of the State Agency (SA) staff and local staff in Shelby County. The formal exit conference was held on Friday, May 17, 2024, with SA officials to discuss the work performed during the week and to discuss anticipated findings and required corrective actions.

The following Table 1 identifies the TDHS staff supporting the review and the FNS, Supplemental Nutrition Assistance Program (SNAP) review team members:

Table 1

Review Participants		
Name	**Title**	**Organization**
Michelle Joyner	SNAP Director, Division of Family Assistance	TDHS
Keisha Thaxton	Director of Operations, Division of Family Assistance	TDHS
Charles Bryson	Assistant Commissioner, Division of Family Assistance & Child Support	TDHS
Scott Hanni	Audit Director for Data Analytics, TDHS Office of Inspector General	TDHS
Angela Lott	DHS Field Management Director 1	TDHS
Senitra Burnett	Eligibility Assistant	TDHS
Betty Ray	Eligibility Counselor 2	TDHS
Jalisa Johnson	Field Supervisor 1	TDHS
Keith Nickelson	Eligibility Counselor 2	TDHS
Tre Ellis	Eligibility Counselor 2	TDHS
Robert Gordon	Eligibility Counselor 2	TDHS
Tracy Monroe	Lead Program Specialist	FNS
Christine Perrette	Program Specialist	FNS

V. Objective

The main objective of this Management Evaluation (ME) was to determine SA compliance with Federal statutory law and implementing regulations, policies, and directives applicable to the federally funded SNAP.

Scope

The ME process is designed to assess the SA's compliance with its responsibilities for administration of SNAP, as outlined in the applicable Code of Federal Regulations (CFR), FNS instructions, and policies. This ME was conducted on-site in Shelby County the week of May 13 – 17, 2024. The ME assessed performance in program areas designated as priority and at-risk areas. This area included Recertification Program Access Review (PAR).

The area with findings is:

- Recertification PAR

VI. Methodology

The review was conducted in accordance with FNS and SNAP ME Guidance and utilized procedures and requirements set forth in the following SNAP ME review guide(s):

- Recertification SNAP PAR ME Guide (October 2023)

Specific evidence gathering practices used during the review include:

- Interviews with staff
- Data collection and review
- Policy and training documentation review
- Observations
- Case file reviews

More details on each of the above practices are provided below.

Interviews

The FNS review team held one-on-one interviews with SA and local office staff during the on-site visit. FNS used an interview protocol designed to elicit information on the SNAP operational process for each of the ME targeted review areas.

Table 2 provides a list of State and local office staff interviewed during FNS' review.

Table 2

Staff Interviews		
Name	**Title**	**Notes**
Recertification PAR		
Michelle Joyner	SNAP Director	Local Leadership Interview Form

Angela Lott	DHS Field Management Director 1	Local Leadership Interview Form
Senitra Burnett	Eligibility Assistant	Eligibility Worker Interview Form
Betty Ray	Eligibility Counselor 2	Eligibility Worker Interview Form
Jalisa Johnson	Field Supervisor 1	Eligibility Worker Interview Form

Data Collection and Review

The FNS review team requested the following data prior to the review activities:

FNS requested a random sample of cases from Shelby County, which were Recertification approvals and denials in November 2023 – January 2024. From that sample, a selection of 40 cases were subjected to the case file review, 20 approvals and 20 denials. The review team analyzed cases for compliance with program requirements for recertification processing, including notices, interviews, verification, and timeliness.

Policy and Training Review

Prior to the hybrid review, FNS requested various policy and training documents to determine how staff are instructed and trained on the functional area of the review.

Table 3 identifies the training materials and guidance received by FNS and used as part of this review.

Table 3

Policy and Training Materials Reviewed	
Title	**Date**
Recertification PAR	
Procedure for SNAP Recertification	11/01/2021
SNAP Application Processing Guide	Revised 01/23/24
Interview Desk Guide	Revised 01/19/2024
SNAP Continued Responsibilities	11/30/2023

Observations

FNS conducted three telephone interview observations. The purpose was to identify how SNAP eligibility workers perform SNAP recertification interviews. FNS determined that the SNAP eligibility workers did not discuss Low Income Home Energy Assistance Program during the call and FNS recommends that the SA includes this on their interview tool.

FNS reviewed the SA interview tool that requires Eligibility Workers to document the date and time of interview appointment. It was observed that the time was not consistently documented in

the case files. FNS recommends that the SA ensures Eligibility Workers document the interview date and time in the case notes.

FNS reviewed the SA denial codes and observed the Eligibility Workers, most often, selected "You did not cooperate with us on the review/recertification of your eligibility" denial reason. FNS recommends the Eligibility Workers use the SA Denial Codes most relevant to the case determination.

Case File Reviews

The FNS review team reviewed 40 approved and terminated case files from a sample of the Shelby County caseload. The purpose of the case file review was to determine if the SA is processing cases in compliance with recertification requirements. The FNS review team used a case file review protocol to ensure each case was reviewed in a consistent manner and that all areas of the SNAP Federal requirements were reviewed.

Table 4 provides a breakout of the types of SNAP cases reviewed. Appendix A – *Case File Reviews,* provides details on any compliance issues found in each of the cases reviewed.

Table 4

Type of Cases	# of Cases Reviewed
Recertification PAR	
Recertification Approvals	20
Recertification Terminations	20
Total	**40**

VII. Findings and Required Corrective Actions

Recertification PAR

Finding 1.1: The SA failed to provide households that have met all application requirements, an opportunity to participate by the household's normal issuance cycle in the month following the end of its current certification period. 7 CFR 273.14(d)(2)

Background: During the case file review, FNS determined that the SA failed to process recertification applications within the regulatory 30-day processing standard in 20 percent of the cases reviewed.

Required Corrective Action 1.1: The SA must adhere to the regulatory processing standards and provide training to the appropriate staff. Upon completion of training, the SA must provide FNS a roster of staff who completed the training. Additionally, FNS will request a case sample of approved certification cases to validate compliance.

Finding 1.2: The SA failed to establish the correct filing date on SNAP applications submitted by the household via upload to the customer portal. 7 CFR 273.2(c)(1)(iv)

Background: During the case file review, FNS discovered that the submission time was not retained on applications submitted by the household via the online portal in 100 percent of online portal cases reviewed. Without the time stamp, FNS is unable to determine if the filing date was established based on standard business hours.

Required Corrective Action 1.2: The SA must adhere to the filing date standards and provide training to all appropriate staff. Upon completion of training, the SA must provide FNS a roster of staff who completed the training. Additionally, FNS will request a case sample of online, certification applications to validate compliance.

Finding 1.3: The online application does not allow the client to file an application with only name, address, and signature. 7 CFR 273.2(c)(1)(iii)

Background: During the review, FNS was unable to submit an online application at any point beyond name, address, and signature without addressing mandatory fields.

Required Corrective Action 1.3: The SA must update its online application to allow applicants the opportunity to submit a SNAP application at any point in the application process with only name, address, and signature. The SA must provide FNS a link to the updated online application for validation.

Finding 1.4: The SA failed to notify all applicants, on the online application form, that the alien status of applicant household members may be subject to verification by USCIS through the submission of information from the application to USCIS, and that the submitted information received from USCIS may affect the household's eligibility and level of benefits. 7 CFR 273.2(b)(2)

Background: During the online application review, FNS discovered that the SA failed to notify all applicants the alien status of household members may be subject to verification by USCIS and the submitted information received from USCIS may affect the household's eligibility and level of benefits.

Required Corrective Action 1.4: The SA must revise the online application to include a statement notifying all applicants that the alien status of applicant household members may be subject to verification by USCIS through the submission of information from the application to USCIS, and that the submitted information received from USCIS may affect the household's eligibility and level of benefits. Upon completion of the online revision, the SA must provide FNS with a screenshot of the revision from the website to validate compliance.

Finding 1.5: The SA failed to inform each household in writing of its right to request a fair hearing, on the online application. 7 CFR 273.15(f)

Background: During the online application review, FNS discovered that the online application failed to inform the household in writing of its right to request a fair hearing.

Required Corrective Action 1.5: The SA must revise the online application to include a statement informing the household of the right of its right to request a fair hearing. Upon completion of the online revision, the SA must provide FNS with a screenshot of the revision from the website to validate compliance.

Finding 1.6: The SA failed to ask the household, which is potentially categorically eligible, but whose SNAP application is denied, to inform the SA if it is approved to receive Public Assistance (PA) and/or Supplemental Security Income (SSI) benefits or benefits from a State or local General Assistance (GA) program, on its Notice of Denial. 7 CFR 273.10(g)(1)(ii)

Background: During the notice review, FNS determined the Notice of Denial failed to include the statement to SNAP households, who are potentially categorically eligible, but were denied, of the responsibility to inform the SA if it is approved to receive PA, SSI, or GA.

Required Corrective Action 1.6: The SA must revise the Notice of Denial to include a statement informing potentially categorically eligible households, whose SNAP application is denied, of the duty to inform the SA when it is approved to receive PA and/or SSI benefits or benefits from a State or local GA program. Upon completion of the notice revision, the SA must provide FNS with copy of the revised notice to validate compliance.

Finding 1.7: The Notice of Denial failed to inform the household of its right to file a new application, within thirty days after the end of the recertification period. 7 CFR 273.10(g)(1)(ii)

Background: During the notice review, FNS discovered that the Notice of Denial failed to inform the household of its right to file a new application, within thirty days after the end of the recertification period.

Required Corrective Action 1.7: The SA must revise the Notice of Denial to include a statement informing the household of the right its right to file a new application, within thirty days after the end of the recertification period. Upon completion of the notice revision, the SA must provide FNS with a copy of the revised notice to validate compliance.

VIII. Corrective Action Response

As stipulated in 7 CFR 275.16, the State is required to provide a written response identifying its corrective actions to findings outlined in this ME report. The corrective action response (CAR) is due **60 calendar days** after receipt of this ME report. The CAR must address all findings and must show evidence of the following:

- Evaluation of the finding(s),
- Identification of the root cause(s) of the finding(s),
- Magnitude and geographic extent of deficiency,
    - Include data sources used to substantiate the magnitude and geographic extent
- Determination of the corrective action(s) necessary to address the root cause(s) and correct the finding in a sustainable manner,
- Identification of the timeframes related to each corrective action (i.e., major milestone dates, target completion date),
- Identification of the State agency officials responsible or the point of contact for each corrective action,
- Basis for management decisions on planning, implementing, and evaluating corrective actions, and
    - How will the State monitor the corrective action?
    - How will the State know if the corrective action is successful in addressing the root causes?
- Documentation/evidence for any corrective action that has been implemented.

FNS can provide technical assistance in developing the CAR if requested by the State.

Appendix A

Case File Reviews

Recertification PAR

FNS reviewed a total of 40 recertification approvals and termination cases from November 2023 through January 2024 from a sub-sample of Shelby County case files.

Case #	Application Date	Case Results
XXXXX8471	11/28/23	Incorrect filing date – paper application
XXXXX2671	11/24/23	Incorrect filing date – Unable to determine time when uploaded to portal by client
XXXXX0214	10/26/23	Incorrect filing date – paper application – date typed in red
XXXXX7662	12/09/23	Incorrect filing date – Unable to determine time when uploaded to portal by client
XXXXX2742	12/02/23	Incorrect filing date – Unable to determine time when uploaded to portal by client
XXXXX3226	11/6/23	Incorrect filing date - Unable to determine time when uploaded to portal by client
XXXXX5512	10/23/23	Incorrect filing date – online application
XXXXX9990	11/17/23	Untimely approval
XXXXX7613	12/20/23	Untimely approval
XXXXX9507	12/4/23	Untimely approval
XXXXX5661	12/14/23	Untimely approval

P-Ex. 22

APPEAL NUMBER	PROGRAM	HEARING DATE	FIRST IO DATE	APPEAL FILED DATE	DAYS TO DISPOSITION	DAYS FROM HEARING DATE TO ORDER DATE
230896959	SNAP	23-Aug-24	27-Aug-24	4-Aug-23	385	4
230663754	SNAP	13-Jun-24	14-Jun-24	16-Jun-23	363	1
230670556	SNAP	6-Jun-24	7-Jun-24	27-Jun-23	345	1
230800592	SNAP	9-Jul-24	11-Jul-24	21-Aug-23	323	2
231197149	SNAP	30-Sep-24	1-Oct-24	13-Nov-23	322	1
231021294	SNAP	26-Aug-24	6-Sep-24	24-Oct-23	307	11
231016616	SNAP	30-Jul-24	7-Aug-24	11-Oct-23	293	8
231021360	SNAP	12-Aug-24	13-Aug-24	24-Oct-23	293	1
230904384	SNAP	17-Jun-24	20-Jun-24	7-Sep-23	284	3
230907552	SNAP	27-Jun-24	28-Jun-24	21-Sep-23	280	1
2403366706	SNAP	30-Jul-24	31-Jul-24	24-Oct-23	280	1
230903044	SNAP	10-Jun-24	12-Jun-24	5-Sep-23	279	2
230903573	SNAP	10-Jun-24	17-Jun-24	5-Sep-23	279	7
231132534	SNAP	9-Aug-24	13-Aug-24	6-Nov-23	277	4
231017675	SNAP	12-Jul-24	16-Jul-24	13-Oct-23	273	4
2311300549	SNAP	28-Aug-24	11-Sep-24	29-Nov-23	273	14
2403369873	SNAP	6-Aug-24	7-Aug-24	7-Nov-23	273	1
230903055	SNAP	3-Jun-24	8-Aug-24	5-Sep-23	272	66
231021235	SNAP	22-Jul-24	24-Jul-24	24-Oct-23	272	2
240138914	SNAP	8-Oct-24	9-Oct-24	16-Jan-24	266	1
2401339603	SNAP	7-Oct-24	11-Oct-24	17-Jan-24	264	4
240138891	SNAP	4-Oct-24	7-Oct-24	16-Jan-24	262	3
2401339889	SNAP	4-Oct-24	7-Oct-24	18-Jan-24	260	3
2401340051	SNAP	4-Oct-24	8-Oct-24	18-Jan-24	260	4
2312306693	SNAP	30-Jul-24	7-Aug-24	14-Nov-23	259	8
2401342620	SNAP	7-Oct-24	9-Oct-24	24-Jan-24	257	2
2407421858	SNAP	8-Oct-24	11-Oct-24	25-Jan-24	257	3
2401339870	SNAP	30-Sep-24	8-Oct-24	18-Jan-24	256	8
2401340632	SNAP	1-Oct-24	2-Oct-24	19-Jan-24	256	1
2401342551	SNAP	4-Oct-24	8-Oct-24	24-Jan-24	254	4
2401346317	SNAP	10-Oct-24	11-Oct-24	31-Jan-24	253	1
231128634	SNAP	9-Jul-24	10-Jul-24	6-Nov-23	246	1
2401334280	SNAP	6-Sep-24	18-Sep-24	4-Jan-24	246	12
2401346566	SNAP	4-Oct-24	8-Oct-24	1-Feb-24	246	4
2402347680	SNAP	4-Oct-24	8-Oct-24	2-Feb-24	245	4
2402349415	SNAP	7-Oct-24	9-Oct-24	6-Feb-24	244	2
2402350261	SNAP	7-Oct-24	8-Oct-24	7-Feb-24	243	1
231204111	SNAP	5-Aug-24	7-Aug-24	11-Dec-23	238	2
2402354597	SNAP	10-Oct-24	11-Oct-24	15-Feb-24	238	1
2402353258	SNAP	7-Oct-24	9-Oct-24	13-Feb-24	237	2
231022278	SNAP	17-Jun-24	20-Jun-24	25-Oct-23	236	3
2402354631	SNAP	7-Oct-24	9-Oct-24	14-Feb-24	236	2
2404378701	SNAP	3-Sep-24	4-Sep-24	11-Jan-24	236	1

231017216	SNAP	3-Jun-24	5-Jun-24	12-Oct-23	235	2
2402355664	SNAP	7-Oct-24	8-Oct-24	16-Feb-24	234	1
2402355834	SNAP	7-Oct-24	8-Oct-24	16-Feb-24	234	1
2402354279	SNAP	4-Oct-24	7-Oct-24	14-Feb-24	233	3
2402356083	SNAP	10-Oct-24	11-Oct-24	20-Feb-24	233	1
2402357034	SNAP	10-Oct-24	11-Oct-24	21-Feb-24	232	1
2402357402	SNAP	10-Oct-24	11-Oct-24	21-Feb-24	232	1
2404373134	SNAP	30-Aug-24	3-Sep-24	11-Jan-24	232	4
231203485	SNAP	26-Jul-24	29-Jul-24	8-Dec-23	231	3
2402351799	SNAP	27-Sep-24	30-Sep-24	9-Feb-24	231	3
2402352780	SNAP	30-Sep-24	1-Oct-24	12-Feb-24	231	1
2402353556	SNAP	1-Oct-24	7-Oct-24	13-Feb-24	231	6
2402357423	SNAP	10-Oct-24	11-Oct-24	22-Feb-24	231	1
2403369684	SNAP	1-Oct-24	10-Oct-24	13-Feb-24	231	9
231025055	SNAP	17-Jun-24	18-Jun-24	31-Oct-23	230	1
2402352194	SNAP	26-Sep-24	27-Sep-24	9-Feb-24	230	1
2402353245	SNAP	30-Sep-24	1-Oct-24	13-Feb-24	230	1
2402355638	SNAP	3-Oct-24	11-Oct-24	16-Feb-24	230	8
2402357374	SNAP	7-Oct-24	9-Oct-24	21-Feb-24	229	2
2402352155	SNAP	24-Sep-24	1-Oct-24	9-Feb-24	228	7
2402357833	SNAP	7-Oct-24	9-Oct-24	22-Feb-24	228	2
2402357835	SNAP	7-Oct-24	9-Oct-24	22-Feb-24	228	2
240136549	SNAP	23-Aug-24	26-Aug-24	9-Jan-24	227	3
2402352395	SNAP	23-Sep-24	24-Sep-24	9-Feb-24	227	1
2402359195	SNAP	10-Oct-24	11-Oct-24	26-Feb-24	227	1
2312301906	SNAP	5-Jul-24	9-Jul-24	22-Nov-23	226	4
2402352943	SNAP	25-Sep-24	26-Sep-24	12-Feb-24	226	1
2402359496	SNAP	10-Oct-24	11-Oct-24	27-Feb-24	226	1
2402359698	SNAP	10-Oct-24	11-Oct-24	27-Feb-24	226	1
2402359834	SNAP	10-Oct-24	11-Oct-24	27-Feb-24	226	1
2402359973	SNAP	10-Oct-24	11-Oct-24	27-Feb-24	226	1
2402359995	SNAP	10-Oct-24	11-Oct-24	27-Feb-24	226	1
2402359035	SNAP	8-Oct-24	9-Oct-24	26-Feb-24	225	1
2402359316	SNAP	8-Oct-24	9-Oct-24	26-Feb-24	225	1
2402360433	SNAP	10-Oct-24	11-Oct-24	28-Feb-24	225	1
2402357439	SNAP	3-Oct-24	4-Oct-24	22-Feb-24	224	1
2402358914	SNAP	7-Oct-24	8-Oct-24	26-Feb-24	224	1
2402361556	SNAP	10-Oct-24	14-Oct-24	29-Feb-24	224	4
231021114	SNAP	3-Jun-24	5-Jun-24	24-Oct-23	223	2
2402353338	SNAP	23-Sep-24	24-Sep-24	13-Feb-24	223	1
2402359478	SNAP	7-Oct-24	9-Oct-24	27-Feb-24	223	2
2402359596	SNAP	7-Oct-24	9-Oct-24	27-Feb-24	223	2
2402359654	SNAP	7-Oct-24	8-Oct-24	27-Feb-24	223	1
2402359876	SNAP	7-Oct-24	8-Oct-24	27-Feb-24	223	1
2402359902	SNAP	7-Oct-24	8-Oct-24	27-Feb-24	223	1
2402360244	SNAP	7-Oct-24	8-Oct-24	27-Feb-24	223	1

2402360914	SNAP	8-Oct-24	9-Oct-24	28-Feb-24	223	1
2403361815	SNAP	10-Oct-24	11-Oct-24	1-Mar-24	223	1
2403361817	SNAP	10-Oct-24	11-Oct-24	1-Mar-24	223	1
2403361820	SNAP	10-Oct-24	11-Oct-24	1-Mar-24	223	1
2403361895	SNAP	10-Oct-24	11-Oct-24	1-Mar-24	223	1
2402360278	SNAP	7-Oct-24	8-Oct-24	28-Feb-24	222	1
2402361533	SNAP	8-Oct-24	9-Oct-24	29-Feb-24	222	1
2402355235	SNAP	23-Sep-24	24-Sep-24	15-Feb-24	221	1
2402357915	SNAP	30-Sep-24	3-Oct-24	22-Feb-24	221	3
2402361025	SNAP	7-Oct-24	9-Oct-24	29-Feb-24	221	2
2402356216	SNAP	27-Sep-24	30-Sep-24	20-Feb-24	220	3
2402360245	SNAP	4-Oct-24	7-Oct-24	27-Feb-24	220	3
2402361566	SNAP	7-Oct-24	9-Oct-24	1-Mar-24	220	2
2402361573	SNAP	7-Oct-24	9-Oct-24	1-Mar-24	220	2
2401339379	SNAP	23-Aug-24	26-Aug-24	17-Jan-24	219	3
2402349315	SNAP	12-Sep-24	20-Sep-24	6-Feb-24	219	8
2403363357	SNAP	10-Oct-24	11-Oct-24	5-Mar-24	219	1
2403366203	SNAP	4-Oct-24	7-Oct-24	28-Feb-24	219	3
2402353773	SNAP	18-Sep-24	19-Sep-24	13-Feb-24	218	1
2402354176	SNAP	19-Sep-24	20-Sep-24	14-Feb-24	218	1
2402354417	SNAP	19-Sep-24	20-Sep-24	14-Feb-24	218	1
2403363813	SNAP	10-Oct-24	11-Oct-24	6-Mar-24	218	1
2312309386	SNAP	31-Jul-24	8-Aug-24	27-Dec-23	217	8
2402359174	SNAP	30-Sep-24	7-Oct-24	26-Feb-24	217	7
2403362333	SNAP	7-Oct-24	9-Oct-24	4-Mar-24	217	2
2403362795	SNAP	8-Oct-24	9-Oct-24	5-Mar-24	217	1
2403362797	SNAP	8-Oct-24	9-Oct-24	5-Mar-24	217	1
2403364753	SNAP	10-Oct-24	11-Oct-24	7-Mar-24	217	1
2403362760	SNAP	7-Oct-24	8-Oct-24	5-Mar-24	216	1
2403362934	SNAP	7-Oct-24	8-Oct-24	5-Mar-24	216	1
2403363672	SNAP	8-Oct-24	9-Oct-24	6-Mar-24	216	1
2403363875	SNAP	8-Oct-24	9-Oct-24	6-Mar-24	216	1
2403365253	SNAP	10-Oct-24	11-Oct-24	8-Mar-24	216	1
2403365477	SNAP	10-Oct-24	11-Oct-24	8-Mar-24	216	1
2312309647	SNAP	30-Jul-24	7-Aug-24	28-Dec-23	215	8
2402347679	SNAP	3-Sep-24	4-Sep-24	1-Feb-24	215	1
2403364613	SNAP	8-Oct-24	9-Oct-24	7-Mar-24	215	1
2403364854	SNAP	30-Sep-24	1-Oct-24	28-Feb-24	215	1
2402361454	SNAP	30-Sep-24	8-Oct-24	29-Feb-24	214	8
2403364989	SNAP	8-Oct-24	9-Oct-24	8-Mar-24	214	1
2404380633	SNAP	3-Sep-24	4-Sep-24	2-Feb-24	214	1
2311297633	SNAP	17-Jun-24	21-Jun-24	17-Nov-23	213	4
2401345815	SNAP	30-Aug-24	3-Sep-24	30-Jan-24	213	4
2403362763	SNAP	4-Oct-24	8-Oct-24	5-Mar-24	213	4
2406402433	SNAP	2-Aug-24	5-Aug-24	2-Jan-24	213	3
2402350457	SNAP	6-Sep-24	10-Sep-24	7-Feb-24	212	4

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2402348756	SNAP	11-Jun-24	17-Jun-24	5-Feb-24	127	6
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2404374537	SNAP	24-Jul-24	25-Jul-24	4-Apr-24	111	1
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2405398591	SNAP	10-Sep-24	12-Sep-24	22-May-24	111	2
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2406407962	SNAP	10-Oct-24	14-Oct-24	21-Jun-24	111	4
2405398894	SNAP	9-Sep-24	20-Sep-24	22-May-24	110	11
2407414053	SNAP	9-Oct-24	10-Oct-24	21-Jun-24	110	1
2402361021	SNAP	17-Jun-24	18-Jun-24	29-Feb-24	109	1
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2407414893	SNAP	4-Oct-24	7-Oct-24	25-Jun-24	101	3
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2405391861	SNAP	27-Jun-24	12-Jul-24	29-Apr-24	59	15
2405397538	SNAP	18-Jul-24	19-Jul-24	20-May-24	59	1
2404379714	SNAP	12-Jun-24	14-Jun-24	15-Apr-24	58	2
2404383377	SNAP	21-Jun-24	25-Jun-24	24-Apr-24	58	4
2404383493	SNAP	21-Jun-24	22-Jul-24	24-Apr-24	58	31
2405391094	SNAP	26-Jun-24	28-Jun-24	29-Apr-24	58	2
2404379521	SNAP	11-Jun-24	12-Jun-24	15-Apr-24	57	1
2404379574	SNAP	11-Jun-24	17-Jun-24	15-Apr-24	57	6
2404384194	SNAP	21-Jun-24	24-Jun-24	25-Apr-24	57	3
2405389753	SNAP	25-Jun-24	9-Jul-24	29-Apr-24	57	14
2405397894	SNAP	15-Jul-24	18-Jul-24	20-May-24	56	3
2404378056	SNAP	6-Jun-24	10-Jun-24	12-Apr-24	55	4
2406405557	SNAP	5-Aug-24	16-Aug-24	11-Jun-24	55	11
2408428844	SNAP	9-Oct-24	11-Oct-24	15-Aug-24	55	2
2408428883	SNAP	9-Oct-24	11-Oct-24	15-Aug-24	55	2
2408428886	SNAP	9-Oct-24	11-Oct-24	15-Aug-24	55	2
2404379435	SNAP	4-Jun-24	5-Jun-24	12-Apr-24	53	1
2408429660	SNAP	11-Oct-24	14-Oct-24	19-Aug-24	53	3
2408429708	SNAP	11-Oct-24	14-Oct-24	19-Aug-24	53	3
2408429731	SNAP	11-Oct-24	14-Oct-24	19-Aug-24	53	3
2408429741	SNAP	11-Oct-24	14-Oct-24	19-Aug-24	53	3
2408429759	SNAP	11-Oct-24	14-Oct-24	19-Aug-24	53	3
2408429794	SNAP	11-Oct-24	14-Oct-24	19-Aug-24	53	3
2408427462	SNAP	30-Sep-24	1-Oct-24	9-Aug-24	52	1
2408429924	SNAP	11-Oct-24	14-Oct-24	20-Aug-24	52	3
2408430002	SNAP	11-Oct-24	14-Oct-24	20-Aug-24	52	3
2408430064	SNAP	11-Oct-24	14-Oct-24	20-Aug-24	52	3
2408430095	SNAP	11-Oct-24	14-Oct-24	20-Aug-24	52	3
2408430148	SNAP	11-Oct-24	14-Oct-24	20-Aug-24	52	3
2408430157	SNAP	11-Oct-24	14-Oct-24	20-Aug-24	52	3
2408430175	SNAP	11-Oct-24	14-Oct-24	20-Aug-24	52	3
2408429512	SNAP	9-Oct-24	11-Oct-24	19-Aug-24	51	2
2408429655	SNAP	9-Oct-24	11-Oct-24	19-Aug-24	51	2
2408429726	SNAP	9-Oct-24	11-Oct-24	19-Aug-24	51	2
2408429838	SNAP	9-Oct-24	11-Oct-24	19-Aug-24	51	2
2408429871	SNAP	9-Oct-24	11-Oct-24	19-Aug-24	51	2
2408430351	SNAP	11-Oct-24	14-Oct-24	21-Aug-24	51	3
2408430540	SNAP	11-Oct-24	14-Oct-24	21-Aug-24	51	3
2408430550	SNAP	11-Oct-24	14-Oct-24	21-Aug-24	51	3
2404378373	SNAP	4-Jun-24	5-Jun-24	15-Apr-24	50	1
2404380274	SNAP	4-Jun-24	13-Jun-24	15-Apr-24	50	9
2408428837	SNAP	4-Oct-24	7-Oct-24	15-Aug-24	50	3
2408428846	SNAP	4-Oct-24	7-Oct-24	15-Aug-24	50	3
2408428853	SNAP	4-Oct-24	7-Oct-24	15-Aug-24	50	3
2408428855	SNAP	4-Oct-24	7-Oct-24	15-Aug-24	50	3

2408428857	SNAP	4-Oct-24	7-Oct-24	15-Aug-24	50	3
2408428882	SNAP	4-Oct-24	7-Oct-24	15-Aug-24	50	3
2408428922	SNAP	4-Oct-24	7-Oct-24	15-Aug-24	50	3
2408429508	SNAP	8-Oct-24	14-Oct-24	19-Aug-24	50	6
2408429510	SNAP	8-Oct-24	11-Oct-24	19-Aug-24	50	3
2408429517	SNAP	8-Oct-24	11-Oct-24	19-Aug-24	50	3
2408429518	SNAP	8-Oct-24	10-Oct-24	19-Aug-24	50	2
2408429527	SNAP	8-Oct-24	11-Oct-24	19-Aug-24	50	3
2408429529	SNAP	8-Oct-24	14-Oct-24	19-Aug-24	50	6
2408429549	SNAP	8-Oct-24	14-Oct-24	19-Aug-24	50	6
2408429553	SNAP	8-Oct-24	11-Oct-24	19-Aug-24	50	3
2408429554	SNAP	8-Oct-24	14-Oct-24	19-Aug-24	50	6
2408429563	SNAP	8-Oct-24	11-Oct-24	19-Aug-24	50	3
2408429574	SNAP	8-Oct-24	14-Oct-24	19-Aug-24	50	6
2408429578	SNAP	8-Oct-24	14-Oct-24	19-Aug-24	50	6
2408429583	SNAP	8-Oct-24	14-Oct-24	19-Aug-24	50	6
2408429584	SNAP	8-Oct-24	11-Oct-24	19-Aug-24	50	3
2408429588	SNAP	8-Oct-24	14-Oct-24	19-Aug-24	50	6
2408429589	SNAP	8-Oct-24	14-Oct-24	19-Aug-24	50	6
2408429592	SNAP	8-Oct-24	11-Oct-24	19-Aug-24	50	3
2408429593	SNAP	8-Oct-24	14-Oct-24	19-Aug-24	50	6
2408429595	SNAP	8-Oct-24	10-Oct-24	19-Aug-24	50	2
2408429599	SNAP	8-Oct-24	14-Oct-24	19-Aug-24	50	6
2408429600	SNAP	8-Oct-24	14-Oct-24	19-Aug-24	50	6
2408429604	SNAP	8-Oct-24	11-Oct-24	19-Aug-24	50	3
2408429612	SNAP	8-Oct-24	14-Oct-24	19-Aug-24	50	6
2408429618	SNAP	8-Oct-24	11-Oct-24	19-Aug-24	50	3
2408429629	SNAP	8-Oct-24	14-Oct-24	19-Aug-24	50	6
2408429657	SNAP	8-Oct-24	14-Oct-24	19-Aug-24	50	6
2408429664	SNAP	8-Oct-24	14-Oct-24	19-Aug-24	50	6
2408429904	SNAP	9-Oct-24	11-Oct-24	20-Aug-24	50	2
2408429934	SNAP	9-Oct-24	11-Oct-24	20-Aug-24	50	2
2408429943	SNAP	9-Oct-24	11-Oct-24	20-Aug-24	50	2
2408430330	SNAP	10-Oct-24	11-Oct-24	21-Aug-24	50	1
2408430332	SNAP	10-Oct-24	11-Oct-24	21-Aug-24	50	1
2408430349	SNAP	10-Oct-24	11-Oct-24	21-Aug-24	50	1
2408430506	SNAP	10-Oct-24	11-Oct-24	21-Aug-24	50	1
2408430543	SNAP	10-Oct-24	11-Oct-24	21-Aug-24	50	1
2408430560	SNAP	10-Oct-24	11-Oct-24	21-Aug-24	50	1
2408430563	SNAP	10-Oct-24	11-Oct-24	21-Aug-24	50	1
2408430564	SNAP	10-Oct-24	11-Oct-24	21-Aug-24	50	1
2408430603	SNAP	10-Oct-24	11-Oct-24	21-Aug-24	50	1
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2408430667	SNAP	11-Oct-24	14-Oct-24	22-Aug-24	50	3
2404379596	SNAP	4-Jun-24	5-Jun-24	16-Apr-24	49	1
2405394153	SNAP	27-Jun-24	1-Jul-24	9-May-24	49	4

2408428778	SNAP	3-Oct-24	4-Oct-24	15-Aug-24	49	1
2408428819	SNAP	3-Oct-24	4-Oct-24	15-Aug-24	49	1
2408428831	SNAP	3-Oct-24	4-Oct-24	15-Aug-24	49	1
2408428834	SNAP	3-Oct-24	4-Oct-24	15-Aug-24	49	1
2408428912	SNAP	3-Oct-24	4-Oct-24	15-Aug-24	49	1
2408428944	SNAP	3-Oct-24	4-Oct-24	15-Aug-24	49	1
2408428989	SNAP	4-Oct-24	7-Oct-24	16-Aug-24	49	3
2408428990	SNAP	4-Oct-24	7-Oct-24	16-Aug-24	49	3
2408428995	SNAP	4-Oct-24	7-Oct-24	16-Aug-24	49	3
2408429060	SNAP	4-Oct-24	7-Oct-24	16-Aug-24	49	3
2408429062	SNAP	4-Oct-24	7-Oct-24	16-Aug-24	49	3
2408429065	SNAP	4-Oct-24	7-Oct-24	16-Aug-24	49	3
2408429110	SNAP	4-Oct-24	7-Oct-24	16-Aug-24	49	3
2408429115	SNAP	4-Oct-24	7-Oct-24	16-Aug-24	49	3
2408429121	SNAP	4-Oct-24	7-Oct-24	16-Aug-24	49	3
2408429295	SNAP	4-Oct-24	9-Oct-24	16-Aug-24	49	5
2408429297	SNAP	4-Oct-24	9-Oct-24	16-Aug-24	49	5
2408429299	SNAP	4-Oct-24	9-Oct-24	16-Aug-24	49	5
2408429717	SNAP	7-Oct-24	8-Oct-24	19-Aug-24	49	1
2408429723	SNAP	7-Oct-24	8-Oct-24	19-Aug-24	49	1
2408429757	SNAP	7-Oct-24	10-Oct-24	19-Aug-24	49	3
2408429769	SNAP	7-Oct-24	8-Oct-24	19-Aug-24	49	1
2408429795	SNAP	7-Oct-24	8-Oct-24	19-Aug-24	49	1
2408429863	SNAP	7-Oct-24	8-Oct-24	19-Aug-24	49	1
2408430629	SNAP	9-Oct-24	11-Oct-24	21-Aug-24	49	2
2408430630	SNAP	9-Oct-24	11-Oct-24	21-Aug-24	49	2
2408430644	SNAP	9-Oct-24	11-Oct-24	21-Aug-24	49	2
2408430801	SNAP	10-Oct-24	11-Oct-24	22-Aug-24	49	1
2408430803	SNAP	10-Oct-24	11-Oct-24	22-Aug-24	49	1
2408430815	SNAP	10-Oct-24	11-Oct-24	22-Aug-24	49	1
2408430846	SNAP	10-Oct-24	11-Oct-24	22-Aug-24	49	1
2407418915	SNAP	4-Sep-24	11-Sep-24	18-Jul-24	48	7
2408428175	SNAP	30-Sep-24	2-Oct-24	13-Aug-24	48	2
2408428985	SNAP	3-Oct-24	4-Oct-24	16-Aug-24	48	1
2408429057	SNAP	3-Oct-24	4-Oct-24	16-Aug-24	48	1
2408429185	SNAP	3-Oct-24	9-Oct-24	16-Aug-24	48	6
2408429913	SNAP	7-Oct-24	10-Oct-24	20-Aug-24	48	3
2408429933	SNAP	7-Oct-24	10-Oct-24	20-Aug-24	48	3
2408429944	SNAP	7-Oct-24	8-Oct-24	20-Aug-24	48	1
2408430054	SNAP	7-Oct-24	10-Oct-24	20-Aug-24	48	3
2408430153	SNAP	7-Oct-24	8-Oct-24	20-Aug-24	48	1
2408430240	SNAP	7-Oct-24	8-Oct-24	20-Aug-24	48	1
2408430243	SNAP	7-Oct-24	8-Oct-24	20-Aug-24	48	1
2408430285	SNAP	7-Oct-24	8-Oct-24	20-Aug-24	48	1
2408430294	SNAP	7-Oct-24	8-Oct-24	20-Aug-24	48	1
2408430298	SNAP	7-Oct-24	10-Oct-24	20-Aug-24	48	3

2408430303	SNAP	7-Oct-24	10-Oct-24	20-Aug-24	48	3
2408430318	SNAP	7-Oct-24	8-Oct-24	20-Aug-24	48	1
2408430322	SNAP	7-Oct-24	8-Oct-24	20-Aug-24	48	1
2408430676	SNAP	9-Oct-24	11-Oct-24	22-Aug-24	48	2
2408430924	SNAP	10-Oct-24	11-Oct-24	23-Aug-24	48	1
2408431159	SNAP	10-Oct-24	11-Oct-24	23-Aug-24	48	1
2408428939	SNAP	1-Oct-24	2-Oct-24	15-Aug-24	47	1
2408428940	SNAP	1-Oct-24	2-Oct-24	15-Aug-24	47	1
2408429162	SNAP	2-Oct-24	3-Oct-24	16-Aug-24	47	1
2408429249	SNAP	2-Oct-24	4-Oct-24	16-Aug-24	47	2
2408431025	SNAP	9-Oct-24	11-Oct-24	23-Aug-24	47	2
2408431170	SNAP	9-Oct-24	11-Oct-24	23-Aug-24	47	2
2408428775	SNAP	30-Sep-24	1-Oct-24	15-Aug-24	46	1
2408428779	SNAP	30-Sep-24	1-Oct-24	15-Aug-24	46	1
2408428797	SNAP	30-Sep-24	1-Oct-24	15-Aug-24	46	1
2408428945	SNAP	30-Sep-24	2-Oct-24	15-Aug-24	46	2
2408428955	SNAP	30-Sep-24	2-Oct-24	15-Aug-24	46	2
2408428961	SNAP	1-Oct-24	8-Oct-24	16-Aug-24	46	7
2408428964	SNAP	1-Oct-24	8-Oct-24	16-Aug-24	46	7
2408428969	SNAP	1-Oct-24	2-Oct-24	16-Aug-24	46	1
2408429414	SNAP	4-Oct-24	7-Oct-24	19-Aug-24	46	3
2408429454	SNAP	4-Oct-24	7-Oct-24	19-Aug-24	46	3
2408429470	SNAP	4-Oct-24	7-Oct-24	19-Aug-24	46	3
2408429471	SNAP	4-Oct-24	7-Oct-24	19-Aug-24	46	3
2408429474	SNAP	4-Oct-24	7-Oct-24	19-Aug-24	46	3
2408429475	SNAP	4-Oct-24	7-Oct-24	19-Aug-24	46	3
2408429485	SNAP	4-Oct-24	7-Oct-24	19-Aug-24	46	3
2408429491	SNAP	4-Oct-24	7-Oct-24	19-Aug-24	46	3
2408429494	SNAP	4-Oct-24	7-Oct-24	19-Aug-24	46	3
2408429499	SNAP	4-Oct-24	7-Oct-24	19-Aug-24	46	3
2408429001	SNAP	30-Sep-24	2-Oct-24	16-Aug-24	45	2
2408429002	SNAP	30-Sep-24	1-Oct-24	16-Aug-24	45	1
2408429003	SNAP	30-Sep-24	2-Oct-24	16-Aug-24	45	2
2408429004	SNAP	30-Sep-24	1-Oct-24	16-Aug-24	45	1
2408429005	SNAP	30-Sep-24	2-Oct-24	16-Aug-24	45	2
2408429100	SNAP	30-Sep-24	2-Oct-24	16-Aug-24	45	2
2408429102	SNAP	30-Sep-24	1-Oct-24	16-Aug-24	45	1
2408429107	SNAP	30-Sep-24	1-Oct-24	16-Aug-24	45	1
2408429142	SNAP	30-Sep-24	2-Oct-24	16-Aug-24	45	2
2408429143	SNAP	30-Sep-24	3-Oct-24	16-Aug-24	45	3
2408429146	SNAP	30-Sep-24	2-Oct-24	16-Aug-24	45	2
2408429147	SNAP	30-Sep-24	1-Oct-24	16-Aug-24	45	1
2408429233	SNAP	30-Sep-24	2-Oct-24	16-Aug-24	45	2
2408429413	SNAP	3-Oct-24	4-Oct-24	19-Aug-24	45	1
2408429483	SNAP	3-Oct-24	4-Oct-24	19-Aug-24	45	1
2408429486	SNAP	3-Oct-24	4-Oct-24	19-Aug-24	45	1

2408429489	SNAP	3-Oct-24	4-Oct-24	19-Aug-24	45	1
2408429533	SNAP	3-Oct-24	4-Oct-24	19-Aug-24	45	1
2408429536	SNAP	3-Oct-24	4-Oct-24	19-Aug-24	45	1
2408429566	SNAP	3-Oct-24	4-Oct-24	19-Aug-24	45	1
2408429576	SNAP	3-Oct-24	4-Oct-24	19-Aug-24	45	1
2408429580	SNAP	3-Oct-24	4-Oct-24	19-Aug-24	45	1
2408429613	SNAP	3-Oct-24	4-Oct-24	19-Aug-24	45	1
2408429650	SNAP	3-Oct-24	4-Oct-24	19-Aug-24	45	1
2408429658	SNAP	3-Oct-24	4-Oct-24	19-Aug-24	45	1
2408429663	SNAP	3-Oct-24	4-Oct-24	19-Aug-24	45	1
2408429767	SNAP	3-Oct-24	4-Oct-24	19-Aug-24	45	1
2408429785	SNAP	3-Oct-24	4-Oct-24	19-Aug-24	45	1
2408429791	SNAP	3-Oct-24	4-Oct-24	19-Aug-24	45	1
2408431259	SNAP	10-Oct-24	11-Oct-24	26-Aug-24	45	1
2408431364	SNAP	10-Oct-24	11-Oct-24	26-Aug-24	45	1
2408431367	SNAP	10-Oct-24	11-Oct-24	26-Aug-24	45	1
2408431410	SNAP	10-Oct-24	11-Oct-24	26-Aug-24	45	1
2408429354	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429357	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429358	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429375	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429408	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429472	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429477	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429498	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429548	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429550	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429555	SNAP	2-Oct-24	8-Oct-24	19-Aug-24	44	6
2408429556	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429565	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429581	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429594	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429596	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429598	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429619	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429623	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429644	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429659	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429678	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429682	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429684	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408429704	SNAP	2-Oct-24	4-Oct-24	19-Aug-24	44	2
2408431432	SNAP	10-Oct-24	11-Oct-24	27-Aug-24	44	1
2408429478	SNAP	1-Oct-24	2-Oct-24	19-Aug-24	43	1
2408429484	SNAP	1-Oct-24	2-Oct-24	19-Aug-24	43	1
2408429495	SNAP	1-Oct-24	2-Oct-24	19-Aug-24	43	1

2408429502	SNAP	1-Oct-24	2-Oct-24	19-Aug-24	43	1
2408429507	SNAP	1-Oct-24	2-Oct-24	19-Aug-24	43	1
2408429525	SNAP	1-Oct-24	2-Oct-24	19-Aug-24	43	1
2408429541	SNAP	1-Oct-24	2-Oct-24	19-Aug-24	43	1
2408429552	SNAP	1-Oct-24	2-Oct-24	19-Aug-24	43	1
2408429573	SNAP	1-Oct-24	2-Oct-24	19-Aug-24	43	1
2408429579	SNAP	1-Oct-24	2-Oct-24	19-Aug-24	43	1
2408431635	SNAP	9-Oct-24	11-Oct-24	27-Aug-24	43	2
2408431835	SNAP	10-Oct-24	11-Oct-24	28-Aug-24	43	1
2408429481	SNAP	30-Sep-24	2-Oct-24	19-Aug-24	42	2
2408429504	SNAP	30-Sep-24	2-Oct-24	19-Aug-24	42	2
2408429511	SNAP	30-Sep-24	2-Oct-24	19-Aug-24	42	2
2408429515	SNAP	30-Sep-24	2-Oct-24	19-Aug-24	42	2
2408429524	SNAP	30-Sep-24	2-Oct-24	19-Aug-24	42	2
2408430553	SNAP	1-Oct-24	4-Oct-24	21-Aug-24	41	3
2409434279	SNAP	10-Oct-24	11-Oct-24	10-Sep-24	30	1
2408431313	SNAP	23-Sep-24	2-Oct-24	26-Aug-24	28	9
			TOTAL AVERAGE DAYS TO DISPOSITION:		**137.8156109**	**3.694004525**

P-Ex. 23

APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE
2403362655	SNAP	4-Mar-24	3-May-24			
2403364253	SNAP	6-Mar-24	6-May-24			26-Sep-24
2403362980	SNAP	5-Mar-24	6-May-24			
2403362293	SNAP	4-Mar-24	3-May-24			
2403365815	SNAP	11-Mar-24	6-May-24			
2403367702	SNAP	14-Mar-24	13-May-24			
2403366894	SNAP	12-Mar-24	13-May-24			
2403368118	SNAP	15-Mar-24	14-May-24			16-Sep-24
2403366893	SNAP	12-Mar-24	13-May-24			
2403368533	SNAP	18-Mar-24	17-May-24			16-Sep-24
2403366075	SNAP	11-Mar-24	10-May-24			9-Sep-24
2403366199	SNAP	11-Mar-24	13-May-24			9-Sep-24
2402352054	SNAP	9-Feb-24	8-Apr-24			9-Aug-24
2403368433	SNAP	18-Mar-24	17-May-24			
2403368456	SNAP	18-Mar-24	17-May-24			
2403368415	SNAP	18-Mar-24	17-May-24			
2403368413	SNAP	18-Mar-24	17-May-24			
2403367700	SNAP	14-Mar-24	13-May-24			5-Sep-24
2402358595	SNAP	23-Feb-24	23-Apr-24			15-May-24
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Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
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24-Sep-24	203
18-Sep-24	198
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19-Sep-24	189
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AYS TO DISPOSITION: **59.79183753**

P-Ex. 24

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230663754	363
230670556	345
230800592	323
231197149	322
231021294	307
231016616	293
231021360	293
230904384	284
230907552	280
2403366706	280
230903044	279
230903573	279
231132534	277
231017675	273
2311300549	273
2403369873	273
230903055	272
231021235	272
240138914	266
2401339603	264
240138891	262
2401339889	260
2401340051	260
2312306693	259
2401342620	257
2407421858	257
2401339870	256
2401340632	256
2401342551	254
2401346317	253
231128634	246
2401334280	246
2401346566	246

TOTAL AVG DAYS TO DISPOSITION: **99.48854**

2402347680	245
2402349415	244
2402350261	243
231204111	238
2402354597	238
2402353258	237
231022278	236
2402354631	236
2404378701	236
231017216	235
2402355664	234
2402355834	234
2402354279	233
2402356083	233
2402357034	232
2402357402	232
2404373134	232
231203485	231
2402351799	231
2402352780	231
2402353556	231
2402357423	231
2403369684	231
231025055	230
2402352194	230
2402353245	230
2402355638	230
2402357374	229
2402352155	228
2402357833	228
2402357835	228
240136549	227
2402352395	227
2402359195	227
2312301906	226

2402352943	226
2402359496	226
2402359698	226
2402359834	226
2402359973	226
2402359995	226
2402359035	225
2402359316	225
2402360433	225
2402357439	224
2402358914	224
2402361556	224
231021114	223
2402353338	223
2402359478	223
2402359596	223
2402359654	223
2402359876	223
2402359902	223
2402360244	223
2402360914	223
2403361815	223
2403361817	223
2403361820	223
2403361895	223
2402360278	222
2402361533	222
2402355235	221
2402357915	221
2402361025	221
2402356216	220
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2402361566	220
2402361573	220
2401339379	219

2402349315	219
2403363357	219
2403366203	219
2402353773	218
2402354176	218
2402354417	218
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2312309386	217
2402359174	217
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P-Ex. 25

TJC Sorted Spreadsheet Taken from P-Ex. 23A and Sorted by entries with "NOT TIMELY DATE"									
	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
1	2409438359	SNAP	26-Sep-24	19-Nov-24		27-Sep-24			1
2	2406405155	SNAP	10-Jun-24	30-Jul-24		11-Jun-24			1
3	2409438054	SNAP	25-Sep-24	22-Nov-24		30-Sep-24			5
4	2409436238	SNAP	17-Sep-24	4-Nov-24		24-Sep-24			7
5	2409436386	SNAP	17-Sep-24	18-Nov-24		26-Sep-24			9
6	2409436236	SNAP	17-Sep-24	18-Nov-24		27-Sep-24			10
7	2409436359	SNAP	17-Sep-24	18-Nov-24		27-Sep-24			10
8	2409435801	SNAP	16-Sep-24	15-Nov-24		26-Sep-24			10
9	2409435938	SNAP	16-Sep-24	15-Nov-24		26-Sep-24			10
10	2409435379	SNAP	12-Sep-24	22-Oct-24		24-Sep-24			12
11	2409434505	SNAP	10-Sep-24	12-Nov-24		24-Sep-24			14
12	2409434601	SNAP	10-Sep-24	11-Oct-24		24-Sep-24			14
13	2409433483	SNAP	5-Sep-24	25-Oct-24		19-Sep-24			14
14	2408431798	SNAP	27-Aug-24	28-Oct-24		11-Sep-24			15
15	2409434481	SNAP	10-Sep-24	12-Nov-24		26-Sep-24			16
16	2409433961	SNAP	9-Sep-24	8-Nov-24		26-Sep-24			17
17	2409434051	SNAP	9-Sep-24	8-Nov-24		26-Sep-24			17
18	2409435131	SNAP	12-Sep-24	12-Nov-24		30-Sep-24			18
19	2409435142	SNAP	12-Sep-24	12-Nov-24		30-Sep-24			18
20	2406404776	SNAP	7-Jun-24	29-Jul-24		25-Jun-24			18
21	2406404795	SNAP	7-Jun-24	29-Jul-24		25-Jun-24			18
22	2409433364	SNAP	5-Sep-24	4-Nov-24		25-Sep-24			20
23	2409433371	SNAP	5-Sep-24	4-Nov-24		25-Sep-24			20
24	2409433583	SNAP	5-Sep-24	5-Nov-24		25-Sep-24			20
25	2408430820	SNAP	22-Aug-24	21-Oct-24		11-Sep-24			20
26	2409433121	SNAP	4-Sep-24	4-Nov-24		25-Sep-24			21

27	2409433134	SNAP	4-Sep-24	4-Nov-24		25-Sep-24			21
28	2408428633	SNAP	14-Aug-24	7-Oct-24		4-Sep-24			21
29	2408427316	SNAP	8-Aug-24	20-Sep-24		29-Aug-24			21
30	2408432250	SNAP	29-Aug-24	28-Oct-24		20-Sep-24			22
31	2408428337	SNAP	13-Aug-24	4-Oct-24		4-Sep-24			22
32	2408427859	SNAP	12-Aug-24	30-Sep-24		3-Sep-24			22
33	2406405621	SNAP	11-Jun-24	30-Jul-24		3-Jul-24			22
34	2408431939	SNAP	28-Aug-24	28-Oct-24		20-Sep-24			23
35	2408431995	SNAP	28-Aug-24	28-Oct-24		20-Sep-24			23
36	2408431280	SNAP	26-Aug-24	25-Oct-24		19-Sep-24			24
37	2408431375	SNAP	26-Aug-24	25-Oct-24		19-Sep-24			24
38	2408431043	SNAP	23-Aug-24	18-Oct-24		19-Sep-24			27
39	2407419437	SNAP	22-Jul-24	12-Aug-24		19-Aug-24			28
40	2408430872	SNAP	22-Aug-24	14-Oct-24		20-Sep-24			29
41	2408430242	SNAP	20-Aug-24	21-Oct-24		18-Sep-24			29
42	2407419633	SNAP	22-Jul-24	12-Aug-24		20-Aug-24			29
43	2407418779	SNAP	18-Jul-24	23-Aug-24		16-Aug-24			29
44	2408427875	SNAP	12-Aug-24	11-Oct-24		11-Sep-24			30
45	2408428014	SNAP	12-Aug-24	11-Oct-24		11-Sep-24			30
46	2408428380	SNAP	13-Aug-24	14-Oct-24		13-Sep-24			31
47	2408426134	SNAP	6-Aug-24	7-Oct-24		6-Sep-24			31
48	2407414715	SNAP	8-Jul-24	26-Aug-24		8-Aug-24			31
49	2408428699	SNAP	14-Aug-24	14-Oct-24		16-Sep-24			33
50	2407423521	SNAP	31-Jul-24	30-Sep-24		4-Sep-24			35
51	2407422253	SNAP	29-Jul-24	27-Sep-24		4-Sep-24			37
52	2407419341	SNAP	22-Jul-24	20-Sep-24		28-Aug-24			37
53	2407420715	SNAP	23-Jul-24	23-Sep-24		30-Aug-24			38
54	2407419769	SNAP	22-Jul-24	23-Sep-24		30-Aug-24			39
55	2407421697	SNAP	25-Jul-24	23-Sep-24		3-Sep-24			40
56	2407418575	SNAP	17-Jul-24	16-Sep-24		26-Aug-24			40
57	2407421274	SNAP	24-Jul-24	23-Sep-24		3-Sep-24			41
58	2407418775	SNAP	18-Jul-24	27-Aug-24		28-Aug-24			41
59	2407418974	SNAP	18-Jul-24	16-Sep-24		29-Aug-24			42

60	2407418338	SNAP	17-Jul-24	16-Sep-24		28-Aug-24			42
61	2407416963	SNAP	12-Jul-24	10-Sep-24		23-Aug-24			42
62	2407419003	SNAP	18-Jul-24	17-Sep-24		30-Aug-24			43
63	2406402838	SNAP	4-Jun-24	22-Jul-24		17-Jul-24			43
64	2407416019	SNAP	10-Jul-24	9-Sep-24		23-Aug-24			44
65	2407414638	SNAP	8-Jul-24	6-Sep-24		23-Aug-24			46
66	2405391155	SNAP	7-May-24	8-Jul-24		27-Jun-24			51
67	2406409313	SNAP	25-Jun-24	26-Aug-24		22-Aug-24			58
68	2406409454	SNAP	25-Jun-24	26-Aug-24		22-Aug-24			58
69	2406408453	SNAP	24-Jun-24	23-Aug-24		21-Aug-24			58
70	2406407493	SNAP	18-Jun-24	19-Aug-24		15-Aug-24			58
71	2406407734	SNAP	20-Jun-24	19-Aug-24		21-Aug-24			62
72	2404384633	SNAP	25-Apr-24	24-Jun-24		26-Jun-24			62
73	2406407887	SNAP	20-Jun-24	20-Aug-24		22-Aug-24			63
74	2405393016	SNAP	13-May-24	12-Jul-24		15-Jul-24			63
75	2406407330	SNAP	18-Jun-24	12-Aug-24		21-Aug-24			64
76	2406407036	SNAP	17-Jun-24	16-Aug-24		20-Aug-24			64
77	2406405537	SNAP	11-Jun-24	12-Aug-24		16-Aug-24			66
78	2406405840	SNAP	12-Jun-24	12-Aug-24		19-Aug-24			68
79	2406406102	SNAP	12-Jun-24	12-Aug-24		20-Aug-24			69
80	2406405657	SNAP	11-Jun-24	12-Aug-24		19-Aug-24			69
81	2406405399	SNAP	10-Jun-24	12-Aug-24		20-Aug-24			71
82	2406403013	SNAP	4-Jun-24	5-Aug-24		14-Aug-24			71
83	2406402793	SNAP	4-Jun-24	5-Aug-24		15-Aug-24			72
84	2406403057	SNAP	4-Jun-24	5-Aug-24		15-Aug-24			72
85	2406403093	SNAP	4-Jun-24	23-Jul-24		15-Aug-24			72
86	2406403393	SNAP	4-Jun-24	5-Aug-24		15-Aug-24			72
87	2406402396	SNAP	3-Jun-24	2-Aug-24		14-Aug-24			72
88	2406402414	SNAP	3-Jun-24	2-Aug-24		15-Aug-24			73
89	2405401178	SNAP	30-May-24	29-Jul-24		13-Aug-24			75
90	2405401879	SNAP	31-May-24	30-Jul-24		15-Aug-24			76
91	2405401678	SNAP	30-May-24	30-Jul-24		14-Aug-24			76
92	2405401058	SNAP	29-May-24	29-Jul-24		13-Aug-24			76

93	2405400133	SNAP	28-May-24	29-Jul-24		12-Aug-24			76
94	2406403081	SNAP	4-Jun-24	5-Aug-24		20-Aug-24			77
95	2405399059	SNAP	22-May-24	22-Jul-24		9-Aug-24			79
96	2405399109	SNAP	22-May-24	22-Jul-24		9-Aug-24			79
97	2405398061	SNAP	21-May-24	22-Jul-24		8-Aug-24			79
98	2405398515	SNAP	21-May-24	22-Jul-24		9-Aug-24			80
99	2403368213	SNAP	18-Mar-24	17-May-24		6-Jun-24			80
100	2405397576	SNAP	20-May-24	19-Jul-24		9-Aug-24			81
101	2405400062	SNAP	24-May-24	23-Jul-24		15-Aug-24			83
102	2405398077	SNAP	21-May-24	22-Jul-24		12-Aug-24			83
103	2405398315	SNAP	21-May-24	22-Jul-24		12-Aug-24			83
104	2405396733	SNAP	16-May-24	1-Jul-24		7-Aug-24			83
105	2405397035	SNAP	16-May-24	16-Jul-24		7-Aug-24			83
106	2405393939	SNAP	13-May-24	15-Jul-24		6-Aug-24			85
107	2405392702	SNAP	10-May-24	9-Jul-24		5-Aug-24			87
108	2405391014	SNAP	7-May-24	8-Jul-24		2-Aug-24			87
109	2405391856	SNAP	9-May-24	8-Jul-24		5-Aug-24			88
110	2405392113	SNAP	9-May-24	8-Jul-24		5-Aug-24			88
111	2405392194	SNAP	9-May-24	8-Jul-24		5-Aug-24			88
112	2403370054	SNAP	21-Mar-24	20-May-24		17-Jun-24			88
113	2403365593	SNAP	8-Mar-24	7-May-24		4-Jun-24			88
114	2403367161	SNAP	13-Mar-24	13-May-24		11-Jun-24			90
115	2405388504	SNAP	1-May-24	1-Jul-24		31-Jul-24			91
116	2404373181	SNAP	1-Apr-24	31-May-24		1-Jul-24			91
117	2404385893	SNAP	29-Apr-24	24-Jun-24		30-Jul-24			92
118	2403369473	SNAP	20-Mar-24	20-May-24		20-Jun-24			92
119	2403365736	SNAP	11-Mar-24	10-May-24		11-Jun-24			92
120	2405390814	SNAP	7-May-24	8-Jul-24		8-Aug-24			93
121	2403372053	SNAP	27-Mar-24	28-May-24		28-Jun-24			93
122	2403369654	SNAP	20-Mar-24	17-May-24		21-Jun-24			93
123	2403367973	SNAP	15-Mar-24	14-May-24		17-Jun-24			94
124	2403368117	SNAP	15-Mar-24	14-May-24		17-Jun-24			94
125	2404386853	SNAP	29-Apr-24	1-Jul-24		2-Aug-24			95

126	2404382094	SNAP	22-Apr-24	21-Jun-24		26-Jul-24			95
127	2403372395	SNAP	28-Mar-24	28-May-24		1-Jul-24			95
128	2405389897	SNAP	3-May-24	2-Jul-24		7-Aug-24			96
129	2404385374	SNAP	26-Apr-24	25-Jun-24		31-Jul-24			96
130	2404383675	SNAP	24-Apr-24	24-Jun-24		29-Jul-24			96
131	2404373516	SNAP	2-Apr-24	3-Jun-24		8-Jul-24			97
132	2404373762	SNAP	2-Apr-24	28-May-24		8-Jul-24			97
133	2403367980	SNAP	15-Mar-24	14-May-24		20-Jun-24			97
134	2404380453	SNAP	18-Apr-24	17-Jun-24		25-Jul-24			98
135	2404379778	SNAP	17-Apr-24	17-Jun-24		24-Jul-24			98
136	2404380235	SNAP	17-Apr-24	25-Mar-24		25-Jul-24			99
137	2404376935	SNAP	10-Apr-24	13-May-24		18-Jul-24			99
138	2403371414	SNAP	26-Mar-24	28-May-24		3-Jul-24			99
139	2403363373	SNAP	5-Mar-24	6-May-24		12-Jun-24			99
140	2404379720	SNAP	16-Apr-24	17-Jun-24		25-Jul-24			100
141	2404379753	SNAP	16-Apr-24	17-Jun-24		25-Jul-24			100
142	2404373562	SNAP	2-Apr-24	3-Jun-24		11-Jul-24			100
143	2404378995	SNAP	15-Apr-24	17-Jun-24		25-Jul-24			101
144	2404376697	SNAP	9-Apr-24	10-Jun-24		19-Jul-24			101
145	2404373273	SNAP	1-Apr-24	3-Jun-24		12-Jul-24			102
146	2404380374	SNAP	17-Apr-24	17-Jun-24		29-Jul-24			103
147	2404377374	SNAP	11-Apr-24	10-Jun-24		23-Jul-24			103
148	2404377693	SNAP	11-Apr-24	10-Jun-24		23-Jul-24			103
149	2403368954	SNAP	19-Mar-24	20-May-24		2-Jul-24			105
150	2404387874	SNAP	30-Apr-24	1-Jul-24		23-Aug-24			115

P-Ex. 26

TJC Sorted Excel from DHS Produced OTHER DISPOSITIONS Soted by Entries with "Not Accepted" Date									
	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
1	2402360261	SNAP	27-Feb-24	29-Apr-24	23-Jul-24			22-Jul-24	146
2	2404384416	SNAP	25-Apr-24	24-Jun-24	11-Sep-24			10-Sep-24	138
3	2403363118	SNAP	5-Mar-24	6-May-24	9-Jul-24				126
4	2404377157	SNAP	10-Apr-24	10-Jun-24	9-Aug-24				121
5	2403369960	SNAP	21-Mar-24	13-May-24	18-Jul-24				119
6	2402360676	SNAP	28-Feb-24	29-Apr-24	25-Jun-24				118
7	2404374457	SNAP	3-Apr-24	3-Jun-24	30-Jul-24				118
8	2404381381	SNAP	19-Apr-24	18-Jun-24	15-Aug-24				118
9	2403367697	SNAP	14-Mar-24	13-May-24	5-Jul-24				113
10	2405388536	SNAP	1-May-24	1-Jul-24	20-Aug-24				111
11	2404375796	SNAP	8-Apr-24	7-Jun-24	23-Jul-24				106
12	2404375978	SNAP	8-Apr-24	7-Jun-24	23-Jul-24				106
13	2404377073	SNAP	10-Apr-24	10-Jun-24	25-Jul-24				106
14	2404375257	SNAP	5-Apr-24	4-Jun-24	19-Jul-24				105
15	2404375274	SNAP	5-Apr-24	4-Jun-24	19-Jul-24				105
16	2403368116	SNAP	15-Mar-24	14-May-24	27-Jun-24				104
17	2403368175	SNAP	15-Mar-24	14-May-24	27-Jun-24				104
18	2403372636	SNAP	28-Mar-24	28-May-24	10-Jul-24				104
19	2404374014	SNAP	3-Apr-24	3-Jun-24	16-Jul-24				104
20	2404375275	SNAP	5-Apr-24	31-May-24	18-Jul-24				104
21	2404378317	SNAP	12-Apr-24	14-Jun-24	25-Jul-24				104
22	2403366953	SNAP	13-Mar-24	13-May-24	24-Jun-24				103
23	2403372333	SNAP	28-Mar-24	28-May-24	9-Jul-24				103
24	2404374317	SNAP	3-Apr-24	3-Jun-24	15-Jul-24				103
25	2404375006	SNAP	4-Apr-24	4-Jun-24	16-Jul-24				103
26	2404377351	SNAP	11-Apr-24	10-Jun-24	23-Jul-24				103
27	2404377536	SNAP	11-Apr-24	10-Jun-24	23-Jul-24				103
28	2404377595	SNAP	11-Apr-24	10-Jun-24	23-Jul-24				103

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
29	2404377653	SNAP	11-Apr-24	10-Jun-24	23-Jul-24				103
30	2404377695	SNAP	11-Apr-24	10-Jun-24	23-Jul-24				103
31	2404377775	SNAP	11-Apr-24	10-Jun-24	23-Jul-24				103
32	2404377893	SNAP	11-Apr-24	11-Jun-24	23-Jul-24				103
33	2404377974	SNAP	12-Apr-24	11-Jun-24	24-Jul-24				103
34	2404378153	SNAP	12-Apr-24	11-Jun-24	24-Jul-24				103
35	2404378256	SNAP	12-Apr-24	4-Jun-24	24-Jul-24				103
36	2404380313	SNAP	17-Apr-24	17-Jun-24	29-Jul-24				103
37	2404383594	SNAP	24-Apr-24	24-Jun-24	5-Aug-24				103
38	2403367815	SNAP	14-Mar-24	14-May-24	24-Jun-24				102
39	2404374915	SNAP	4-Apr-24	3-Jun-24	15-Jul-24				102
40	2404377921	SNAP	12-Apr-24	11-Jun-24	23-Jul-24				102
41	2404377975	SNAP	12-Apr-24	11-Jun-24	23-Jul-24				102
42	2404378133	SNAP	12-Apr-24	11-Jun-24	23-Jul-24				102
43	2404378154	SNAP	12-Apr-24	3-Jun-24	23-Jul-24				102
44	2404378234	SNAP	12-Apr-24	11-Jun-24	23-Jul-24				102
45	2404378235	SNAP	12-Apr-24	11-Jun-24	23-Jul-24				102
46	2404375634	SNAP	8-Apr-24	7-Jun-24	18-Jul-24				101
47	2404375813	SNAP	8-Apr-24	7-Jun-24	18-Jul-24				101
48	2404375873	SNAP	8-Apr-24	7-Jun-24	18-Jul-24				101
49	2404375916	SNAP	8-Apr-24	7-Jun-24	18-Jul-24				101
50	2404375998	SNAP	8-Apr-24	7-Jun-24	18-Jul-24				101
51	2404376233	SNAP	9-Apr-24	10-Jun-24	19-Jul-24				101
52	2404376355	SNAP	9-Apr-24	10-Jun-24	19-Jul-24				101
53	2404376413	SNAP	9-Apr-24	10-Jun-24	19-Jul-24				101
54	2404376557	SNAP	9-Apr-24	10-Jun-24	19-Jul-24				101
55	2404376715	SNAP	9-Apr-24	8-Jun-24	19-Jul-24				101
56	2404376833	SNAP	9-Apr-24	10-Jun-24	19-Jul-24				101
57	2404378122	SNAP	12-Apr-24	11-Jun-24	22-Jul-24				101
58	2404378733	SNAP	15-Apr-24	14-Jun-24	25-Jul-24				101

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
59	2404378734	SNAP	15-Apr-24	11-Mar-24	25-Jul-24				101
60	2404378834	SNAP	15-Apr-24	14-Jun-24	25-Jul-24				101
61	2404378874	SNAP	15-Apr-24	14-Jun-24	25-Jul-24				101
62	2404378994	SNAP	15-Apr-24	17-Jun-24	25-Jul-24				101
63	2404379017	SNAP	15-Apr-24	17-Jun-24	25-Jul-24				101
64	2404381435	SNAP	19-Apr-24	18-Jun-24	29-Jul-24				101
65	2404381614	SNAP	19-Apr-24	18-Jun-24	29-Jul-24				101
66	2404381616	SNAP	19-Apr-24	17-May-24	29-Jul-24				101
67	2404381640	SNAP	19-Apr-24	18-Jun-24	29-Jul-24				101
68	2403367157	SNAP	13-Mar-24	13-May-24	21-Jun-24				100
69	2404376154	SNAP	9-Apr-24	10-Jun-24	18-Jul-24				100
70	2404376594	SNAP	9-Apr-24	10-Jun-24	18-Jul-24				100
71	2404376595	SNAP	9-Apr-24	10-Jun-24	18-Jul-24				100
72	2404376673	SNAP	9-Apr-24	10-Jun-24	18-Jul-24				100
73	2404376842	SNAP	10-Apr-24	10-Jun-24	19-Jul-24				100
74	2404376846	SNAP	10-Apr-24	10-Jun-24	19-Jul-24				100
75	2404376917	SNAP	10-Apr-24	10-Jun-24	19-Jul-24				100
76	2404376938	SNAP	10-Apr-24	10-Jun-24	19-Jul-24				100
77	2404376997	SNAP	10-Apr-24	10-Jun-24	19-Jul-24				100
78	2404377283	SNAP	10-Apr-24	10-Jun-24	19-Jul-24				100
79	2404378553	SNAP	15-Apr-24	14-Jun-24	24-Jul-24				100
80	2404378574	SNAP	15-Apr-24	14-Jun-24	24-Jul-24				100
81	2404378876	SNAP	15-Apr-24	14-Jun-24	24-Jul-24				100
82	2404379093	SNAP	16-Apr-24	17-Jun-24	25-Jul-24				100
83	2404379518	SNAP	16-Apr-24	17-Jun-24	25-Jul-24				100
84	2404379637	SNAP	16-Apr-24	17-Jun-24	25-Jul-24				100
85	2404379638	SNAP	16-Apr-24	17-Jun-24	25-Jul-24				100
86	2404379734	SNAP	16-Apr-24	17-Jun-24	25-Jul-24				100
87	2403366936	SNAP	13-Mar-24	13-May-24	20-Jun-24				99
88	2403368728	SNAP	19-Mar-24	20-May-24	26-Jun-24				99

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
89	2403369835	SNAP	21-Mar-24	20-May-24	28-Jun-24				99
90	2403370816	SNAP	25-Mar-24	24-May-24	2-Jul-24				99
91	2404373433	SNAP	2-Apr-24	3-Jun-24	10-Jul-24				99
92	2404373683	SNAP	2-Apr-24	3-Jun-24	10-Jul-24				99
93	2404373840	SNAP	2-Apr-24	3-Jun-24	10-Jul-24				99
94	2404374093	SNAP	3-Apr-24	3-Jun-24	11-Jul-24				99
95	2404374698	SNAP	4-Apr-24	3-Jun-24	12-Jul-24				99
96	2404376953	SNAP	10-Apr-24	10-Jun-24	18-Jul-24				99
97	2404378698	SNAP	15-Apr-24	14-Jun-24	23-Jul-24				99
98	2404379095	SNAP	16-Apr-24	17-Jun-24	24-Jul-24				99
99	2404380054	SNAP	17-Apr-24	17-Jun-24	25-Jul-24				99
100	2404380153	SNAP	17-Apr-24	17-Jun-24	25-Jul-24				99
101	2404380175	SNAP	17-Apr-24	17-Jun-24	25-Jul-24				99
102	2404380384	SNAP	17-Apr-24	17-Jun-24	25-Jul-24				99
103	2404380424	SNAP	18-Apr-24	17-Jun-24	26-Jul-24				99
104	2404380435	SNAP	18-Apr-24	17-Jun-24	26-Jul-24				99
105	2404381079	SNAP	18-Apr-24	18-Jun-24	26-Jul-24				99
106	2404382093	SNAP	22-Apr-24	17-Jun-24	30-Jul-24				99
107	2404382374	SNAP	22-Apr-24	21-Jun-24	30-Jul-24				99
108	2404383033	SNAP	23-Apr-24	24-Jun-24	31-Jul-24				99
109	2404383793	SNAP	24-Apr-24	24-Jun-24	1-Aug-24				99
110	2404383795	SNAP	24-Apr-24	24-Jun-24	1-Aug-24				99
111	2403366225	SNAP	11-Mar-24	13-May-24	17-Jun-24				98
112	2403371875	SNAP	27-Mar-24	28-May-24	3-Jul-24				98
113	2404373474	SNAP	2-Apr-24	3-Jun-24	9-Jul-24				98
114	2404373815	SNAP	2-Apr-24	3-Jun-24	9-Jul-24				98
115	2404373886	SNAP	2-Apr-24	3-Jun-24	9-Jul-24				98
116	2404373952	SNAP	3-Apr-24	3-Jun-24	10-Jul-24				98
117	2404374053	SNAP	3-Apr-24	3-Jun-24	10-Jul-24				98
118	2404374733	SNAP	4-Apr-24	3-Jun-24	11-Jul-24				98

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
119	2404379897	SNAP	17-Apr-24	17-Jun-24	24-Jul-24				98
120	2404380822	SNAP	18-Apr-24	17-Jun-24	25-Jul-24				98
121	2404381293	SNAP	19-Apr-24	18-Jun-24	26-Jul-24				98
122	2404381299	SNAP	19-Apr-24	18-Jun-24	26-Jul-24				98
123	2404381833	SNAP	22-Apr-24	21-Jun-24	29-Jul-24				98
124	2404381894	SNAP	22-Apr-24	15-Apr-24	29-Jul-24				98
125	2404382493	SNAP	22-Apr-24	24-Jun-24	29-Jul-24				98
126	2404383093	SNAP	23-Apr-24	24-Jun-24	30-Jul-24				98
127	2403368079	SNAP	15-Mar-24	14-May-24	20-Jun-24				97
128	2403369935	SNAP	21-Mar-24	20-May-24	26-Jun-24				97
129	2403369979	SNAP	21-Mar-24	20-May-24	26-Jun-24				97
130	2403370053	SNAP	21-Mar-24	20-May-24	26-Jun-24				97
131	2403370534	SNAP	22-Mar-24	21-May-24	27-Jun-24				97
132	2403371374	SNAP	26-Mar-24	28-May-24	1-Jul-24				97
133	2403371394	SNAP	26-Mar-24	28-May-24	1-Jul-24				97
134	2403371633	SNAP	26-Mar-24	28-May-24	1-Jul-24				97
135	2403372216	SNAP	27-Mar-24	28-May-24	2-Jul-24				97
136	2403372269	SNAP	27-Mar-24	28-May-24	2-Jul-24				97
137	2403372394	SNAP	28-Mar-24	28-May-24	3-Jul-24				97
138	2403372476	SNAP	28-Mar-24	28-May-24	3-Jul-24				97
139	2403372574	SNAP	28-Mar-24	28-May-24	3-Jul-24				97
140	2403372613	SNAP	28-Mar-24	28-May-24	3-Jul-24				97
141	2404373373	SNAP	2-Apr-24	3-Jun-24	8-Jul-24				97
142	2404379716	SNAP	16-Apr-24	17-Jun-24	22-Jul-24				97
143	2404381353	SNAP	19-Apr-24	18-Jun-24	25-Jul-24				97
144	2404382534	SNAP	23-Apr-24	24-Jun-24	29-Jul-24				97
145	2404382535	SNAP	23-Apr-24	24-Jun-24	29-Jul-24				97
146	2404383295	SNAP	23-Apr-24	24-Jun-24	29-Jul-24				97
147	2404384133	SNAP	24-Apr-24	24-Jun-24	30-Jul-24				97
148	2404384953	SNAP	25-Apr-24	25-Jun-24	31-Jul-24				97

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
149	2405389413	SNAP	2-May-24	1-Jul-24	7-Aug-24				97
150	2405389414	SNAP	2-May-24	1-Jul-24	7-Aug-24				97
151	2403361674	SNAP	1-Mar-24	30-Apr-24	5-Jun-24				96
152	2403367186	SNAP	13-Mar-24	13-May-24	17-Jun-24				96
153	2403367773	SNAP	14-Mar-24	14-May-24	18-Jun-24				96
154	2403369755	SNAP	20-Mar-24	20-May-24	24-Jun-24				96
155	2403370154	SNAP	21-Mar-24	21-May-24	25-Jun-24				96
156	2403370454	SNAP	22-Mar-24	21-May-24	26-Jun-24				96
157	2403370475	SNAP	22-Mar-24	21-May-24	26-Jun-24				96
158	2403372453	SNAP	28-Mar-24	1-Apr-24	2-Jul-24				96
159	2403372655	SNAP	28-Mar-24	28-May-24	2-Jul-24				96
160	2403372656	SNAP	28-Mar-24	28-May-24	2-Jul-24				96
161	2404383693	SNAP	24-Apr-24	24-Jun-24	29-Jul-24				96
162	2404384434	SNAP	25-Apr-24	24-Jun-24	30-Jul-24				96
163	2404384493	SNAP	25-Apr-24	24-Jun-24	30-Jul-24				96
164	2404385373	SNAP	26-Apr-24	25-Jun-24	31-Jul-24				96
165	2404385554	SNAP	26-Apr-24	25-Jun-24	31-Jul-24				96
166	2404385555	SNAP	26-Apr-24	25-Jun-24	31-Jul-24				96
167	2405389274	SNAP	2-May-24	1-Jul-24	6-Aug-24				96
168	2405389314	SNAP	2-May-24	1-Jul-24	6-Aug-24				96
169	2405389353	SNAP	2-May-24	1-Jul-24	6-Aug-24				96
170	2403364453	SNAP	7-Mar-24	6-May-24	10-Jun-24				95
171	2403367736	SNAP	14-Mar-24	13-May-24	17-Jun-24				95
172	2403367986	SNAP	15-Mar-24	14-May-24	18-Jun-24				95
173	2403368084	SNAP	15-Mar-24	14-May-24	18-Jun-24				95
174	2403368093	SNAP	15-Mar-24	14-May-24	18-Jun-24				95
175	2403368135	SNAP	15-Mar-24	14-May-24	18-Jun-24				95
176	2403369914	SNAP	21-Mar-24	20-May-24	24-Jun-24				95
177	2403369936	SNAP	21-Mar-24	20-May-24	24-Jun-24				95
178	2403369953	SNAP	21-Mar-24	20-May-24	24-Jun-24				95

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
179	2403369993	SNAP	21-Mar-24	20-May-24	24-Jun-24				95
180	2403370056	SNAP	21-Mar-24	20-May-24	24-Jun-24				95
181	2403370355	SNAP	22-Mar-24	21-May-24	25-Jun-24				95
182	2403372396	SNAP	28-Mar-24	28-May-24	1-Jul-24				95
183	2404373013	SNAP	1-Apr-24	31-May-24	5-Jul-24				95
184	2404373093	SNAP	1-Apr-24	31-May-24	5-Jul-24				95
185	2404382433	SNAP	22-Apr-24	21-Jun-24	26-Jul-24				95
186	2404384436	SNAP	25-Apr-24	24-Jun-24	29-Jul-24				95
187	2404385333	SNAP	26-Apr-24	24-Jun-24	30-Jul-24				95
188	2403368237	SNAP	18-Mar-24	13-May-24	20-Jun-24				94
189	2403368681	SNAP	18-Mar-24	20-May-24	20-Jun-24				94
190	2403369058	SNAP	19-Mar-24	20-May-24	21-Jun-24				94
191	2403370593	SNAP	25-Mar-24	14-May-24	27-Jun-24				94
192	2403371036	SNAP	25-Mar-24	24-May-24	27-Jun-24				94
193	2403371513	SNAP	26-Mar-24	28-May-24	28-Jun-24				94
194	2403371534	SNAP	26-Mar-24	28-May-24	28-Jun-24				94
195	2404375207	SNAP	5-Apr-24	4-Jun-24	8-Jul-24				94
196	2404385234	SNAP	26-Apr-24	25-Jun-24	29-Jul-24				94
197	2404387473	SNAP	30-Apr-24	1-Jul-24	2-Aug-24				94
198	2403367368	SNAP	13-Mar-24	13-May-24	14-Jun-24				93
199	2403368814	SNAP	19-Mar-24	20-May-24	20-Jun-24				93
200	2403368994	SNAP	19-Mar-24	20-May-24	20-Jun-24				93
201	2403369019	SNAP	19-Mar-24	17-May-24	20-Jun-24				93
202	2403369253	SNAP	19-Mar-24	20-May-24	20-Jun-24				93
203	2403369375	SNAP	20-Mar-24	20-May-24	21-Jun-24				93
204	2403369693	SNAP	20-Mar-24	20-May-24	21-Jun-24				93
205	2403371704	SNAP	26-Mar-24	28-May-24	27-Jun-24				93
206	2403371873	SNAP	27-Mar-24	28-May-24	28-Jun-24				93
207	2404373053	SNAP	1-Apr-24	31-May-24	3-Jul-24				93
208	2404384013	SNAP	24-Apr-24	24-Jun-24	26-Jul-24				93

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
209	2404386313	SNAP	29-Apr-24	28-Jun-24	31-Jul-24				93
210	2404386333	SNAP	29-Apr-24	28-Jun-24	31-Jul-24				93
211	2404386414	SNAP	29-Apr-24	28-Jun-24	31-Jul-24				93
212	2404386513	SNAP	29-Apr-24	28-Jun-24	31-Jul-24				93
213	2404386554	SNAP	29-Apr-24	28-Jun-24	31-Jul-24				93
214	2404386614	SNAP	29-Apr-24	28-Jun-24	31-Jul-24				93
215	2404386713	SNAP	29-Apr-24	28-Jun-24	31-Jul-24				93
216	2404386714	SNAP	29-Apr-24	28-Jun-24	31-Jul-24				93
217	2404386813	SNAP	29-Apr-24	1-Jul-24	31-Jul-24				93
218	2404386833	SNAP	29-Apr-24	1-Jul-24	31-Jul-24				93
219	2404386895	SNAP	29-Apr-24	1-Jul-24	31-Jul-24				93
220	2404387893	SNAP	30-Apr-24	1-Jul-24	1-Aug-24				93
221	2405390297	SNAP	6-May-24	5-Jul-24	7-Aug-24				93
222	2405396354	SNAP	15-May-24	15-Jul-24	16-Aug-24				93
223	2403366415	SNAP	12-Mar-24	13-May-24	12-Jun-24				92
224	2403367136	SNAP	13-Mar-24	13-May-24	13-Jun-24				92
225	2403367739	SNAP	14-Mar-24	13-May-24	14-Jun-24				92
226	2403368594	SNAP	18-Mar-24	17-May-24	18-Jun-24				92
227	2403369262	SNAP	20-Mar-24	20-May-24	20-Jun-24				92
228	2403369267	SNAP	20-Mar-24	20-May-24	20-Jun-24				92
229	2403369759	SNAP	21-Mar-24	20-May-24	21-Jun-24				92
230	2403369760	SNAP	21-Mar-24	20-May-24	21-Jun-24				92
231	2403369858	SNAP	21-Mar-24	17-May-24	21-Jun-24				92
232	2403370774	SNAP	25-Mar-24	24-May-24	25-Jun-24				92
233	2403370935	SNAP	25-Mar-24	24-May-24	25-Jun-24				92
234	2403372037	SNAP	27-Mar-24	28-May-24	27-Jun-24				92
235	2403372154	SNAP	27-Mar-24	21-May-24	27-Jun-24				92
236	2404373136	SNAP	1-Apr-24	31-May-24	2-Jul-24				92
237	2404383635	SNAP	24-Apr-24	24-Jun-24	25-Jul-24				92
238	2404383875	SNAP	24-Apr-24	24-Jun-24	25-Jul-24				92

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
239	2404387754	SNAP	30-Apr-24	1-Jul-24	31-Jul-24				92
240	2404387993	SNAP	30-Apr-24	1-Jul-24	31-Jul-24				92
241	2404388233	SNAP	30-Apr-24	1-Jul-24	31-Jul-24				92
242	2404388373	SNAP	30-Apr-24	1-Jul-24	31-Jul-24				92
243	2405388793	SNAP	1-May-24	1-Jul-24	1-Aug-24				92
244	2405388836	SNAP	1-May-24	1-Jul-24	1-Aug-24				92
245	2405388977	SNAP	1-May-24	1-Jul-24	1-Aug-24				92
246	2405388995	SNAP	1-May-24	1-Jul-24	1-Aug-24				92
247	2403365913	SNAP	11-Mar-24	10-May-24	10-Jun-24				91
248	2403366064	SNAP	11-Mar-24	10-May-24	10-Jun-24				91
249	2403366218	SNAP	11-Mar-24	13-May-24	10-Jun-24				91
250	2403367733	SNAP	14-Mar-24	13-May-24	13-Jun-24				91
251	2403368173	SNAP	15-Mar-24	14-May-24	14-Jun-24				91
252	2403368556	SNAP	18-Mar-24	17-May-24	17-Jun-24				91
253	2403368835	SNAP	19-Mar-24	20-May-24	18-Jun-24				91
254	2403368854	SNAP	19-Mar-24	20-May-24	18-Jun-24				91
255	2403369017	SNAP	19-Mar-24	20-May-24	18-Jun-24				91
256	2403369816	SNAP	21-Mar-24	7-May-24	20-Jun-24				91
257	2403370075	SNAP	21-Mar-24	20-May-24	20-Jun-24				91
258	2403370162	SNAP	22-Mar-24	21-May-24	21-Jun-24				91
259	2403370195	SNAP	22-Mar-24	21-May-24	21-Jun-24				91
260	2405388502	SNAP	1-May-24	1-Jul-24	31-Jul-24				91
261	2405389008	SNAP	1-May-24	1-Jul-24	31-Jul-24				91
262	2405389010	SNAP	1-May-24	1-Jul-24	31-Jul-24				91
263	2405389015	SNAP	1-May-24	1-Jul-24	31-Jul-24				91
264	2405389097	SNAP	2-May-24	1-Jul-24	1-Aug-24				91
265	2403366734	SNAP	12-Mar-24	13-May-24	10-Jun-24				90
266	2403366754	SNAP	12-Mar-24	13-May-24	10-Jun-24				90
267	2403366817	SNAP	12-Mar-24	13-May-24	10-Jun-24				90
268	2403367093	SNAP	13-Mar-24	13-May-24	11-Jun-24				90

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
269	2403367133	SNAP	13-Mar-24	13-May-24	11-Jun-24				90
270	2403367387	SNAP	14-Mar-24	13-May-24	12-Jun-24				90
271	2403367849	SNAP	15-Mar-24	14-May-24	13-Jun-24				90
272	2404374633	SNAP	4-Apr-24	3-Jun-24	3-Jul-24				90
273	2405389173	SNAP	2-May-24	1-Jul-24	31-Jul-24				90
274	2405389693	SNAP	3-May-24	2-Jul-24	1-Aug-24				90
275	2405390675	SNAP	7-May-24	8-Jul-24	5-Aug-24				90
276	2403365414	SNAP	8-Mar-24	7-May-24	5-Jun-24				89
277	2403365416	SNAP	8-Mar-24	7-May-24	5-Jun-24				89
278	2403365438	SNAP	8-Mar-24	7-May-24	5-Jun-24				89
279	2403367528	SNAP	14-Mar-24	13-May-24	11-Jun-24				89
280	2403367633	SNAP	14-Mar-24	13-May-24	11-Jun-24				89
281	2405392655	SNAP	10-May-24	9-Jul-24	7-Aug-24				89
282	2405396353	SNAP	15-May-24	15-Jul-24	12-Aug-24				89
283	2403366054	SNAP	11-Mar-24	10-May-24	7-Jun-24				88
284	2403368474	SNAP	18-Mar-24	17-May-24	14-Jun-24				88
285	2403368535	SNAP	18-Mar-24	17-May-24	14-Jun-24				88
286	2403369814	SNAP	21-Mar-24	20-May-24	17-Jun-24				88
287	2405390215	SNAP	6-May-24	5-Jul-24	2-Aug-24				88
288	2405390613	SNAP	6-May-24	8-Jul-24	2-Aug-24				88
289	2405391841	SNAP	9-May-24	8-Jul-24	5-Aug-24				88
290	2405392095	SNAP	9-May-24	8-Jul-24	5-Aug-24				88
291	2405392195	SNAP	9-May-24	8-Jul-24	5-Aug-24				88
292	2405392397	SNAP	9-May-24	9-Jul-24	5-Aug-24				88
293	2405392398	SNAP	9-May-24	9-Jul-24	5-Aug-24				88
294	2405396715	SNAP	16-May-24	15-Jul-24	12-Aug-24				88
295	2405396776	SNAP	16-May-24	15-Jul-24	12-Aug-24				88
296	2403365994	SNAP	11-Mar-24	10-May-24	6-Jun-24				87
297	2403366867	SNAP	12-Mar-24	13-May-24	7-Jun-24				87
298	2403368494	SNAP	18-Mar-24	17-May-24	13-Jun-24				87

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
299	2405390078	SNAP	6-May-24	5-Jul-24	1-Aug-24				87
300	2405390153	SNAP	6-May-24	5-Jul-24	1-Aug-24				87
301	2405390313	SNAP	6-May-24	5-Jul-24	1-Aug-24				87
302	2405390517	SNAP	6-May-24	5-Jul-24	1-Aug-24				87
303	2405390736	SNAP	7-May-24	8-Jul-24	2-Aug-24				87
304	2405390756	SNAP	7-May-24	8-Jul-24	2-Aug-24				87
305	2405391174	SNAP	7-May-24	8-Jul-24	2-Aug-24				87
306	2405391201	SNAP	7-May-24	8-Jul-24	2-Aug-24				87
307	2405391202	SNAP	7-May-24	8-Jul-24	2-Aug-24				87
308	2405392464	SNAP	10-May-24	9-Jul-24	5-Aug-24				87
309	2405392553	SNAP	10-May-24	9-Jul-24	5-Aug-24				87
310	2405393453	SNAP	13-May-24	12-Jul-24	8-Aug-24				87
311	2403365914	SNAP	11-Mar-24	10-May-24	5-Jun-24				86
312	2403366229	SNAP	11-Mar-24	13-May-24	5-Jun-24				86
313	2403366287	SNAP	12-Mar-24	13-May-24	6-Jun-24				86
314	2403366773	SNAP	12-Mar-24	13-May-24	6-Jun-24				86
315	2403366938	SNAP	13-Mar-24	13-May-24	7-Jun-24				86
316	2403368313	SNAP	18-Mar-24	17-May-24	12-Jun-24				86
317	2405390617	SNAP	7-May-24	8-Jul-24	1-Aug-24				86
318	2405390618	SNAP	7-May-24	8-Jul-24	1-Aug-24				86
319	2405390620	SNAP	7-May-24	8-Jul-24	1-Aug-24				86
320	2405390953	SNAP	7-May-24	8-Jul-24	1-Aug-24				86
321	2405391275	SNAP	8-May-24	8-Jul-24	2-Aug-24				86
322	2405391295	SNAP	8-May-24	8-Jul-24	2-Aug-24				86
323	2405391460	SNAP	8-May-24	8-Jul-24	2-Aug-24				86
324	2405393417	SNAP	13-May-24	12-Jul-24	7-Aug-24				86
325	2403366700	SNAP	12-Mar-24	13-May-24	5-Jun-24				85
326	2403370797	SNAP	25-Mar-24	24-May-24	18-Jun-24				85
327	2405391260	SNAP	8-May-24	8-Jul-24	1-Aug-24				85
328	2405393255	SNAP	13-May-24	12-Jul-24	6-Aug-24				85

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
329	2405393495	SNAP	13-May-24	12-Jul-24	6-Aug-24				85
330	2405393574	SNAP	13-May-24	12-Jul-24	6-Aug-24				85
331	2405393577	SNAP	13-May-24	12-Jul-24	6-Aug-24				85
332	2405393593	SNAP	13-May-24	5-Jul-24	6-Aug-24				85
333	2405393940	SNAP	13-May-24	15-Jul-24	6-Aug-24				85
334	2405393944	SNAP	13-May-24	15-Jul-24	6-Aug-24				85
335	2405393946	SNAP	13-May-24	15-Jul-24	6-Aug-24				85
336	2405395354	SNAP	14-May-24	15-Jul-24	7-Aug-24				85
337	2403366664	SNAP	12-Mar-24	13-May-24	4-Jun-24				84
338	2403366701	SNAP	12-Mar-24	13-May-24	4-Jun-24				84
339	2403366955	SNAP	13-Mar-24	7-May-24	5-Jun-24				84
340	2403367159	SNAP	13-Mar-24	13-May-24	5-Jun-24				84
341	2403367197	SNAP	13-Mar-24	13-May-24	5-Jun-24				84
342	2403370594	SNAP	25-Mar-24	24-May-24	17-Jun-24				84
343	2404375259	SNAP	5-Apr-24	4-Jun-24	28-Jun-24				84
344	2405393153	SNAP	13-May-24	12-Jul-24	5-Aug-24				84
345	2405394293	SNAP	14-May-24	15-Jul-24	6-Aug-24				84
346	2405394693	SNAP	14-May-24	15-Jul-24	6-Aug-24				84
347	2405395596	SNAP	14-May-24	15-Jul-24	6-Aug-24				84
348	2405395733	SNAP	14-May-24	15-Jul-24	6-Aug-24				84
349	2405396094	SNAP	15-May-24	15-Jul-24	7-Aug-24				84
350	2405396113	SNAP	15-May-24	15-Jul-24	7-Aug-24				84
351	2405396123	SNAP	15-May-24	15-Jul-24	7-Aug-24				84
352	2405396294	SNAP	15-May-24	15-Jul-24	7-Aug-24				84
353	2405396474	SNAP	15-May-24	21-Jun-24	7-Aug-24				84
354	2405396784	SNAP	16-May-24	15-Jul-24	8-Aug-24				84
355	2405396855	SNAP	16-May-24	15-Jul-24	8-Aug-24				84
356	2405396913	SNAP	16-May-24	15-Jul-24	8-Aug-24				84
357	2405397054	SNAP	16-May-24	16-Jul-24	8-Aug-24				84
358	2405392457	SNAP	10-May-24	9-Jul-24	1-Aug-24				83

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
359	2405394113	SNAP	14-May-24	15-Jul-24	5-Aug-24				83
360	2405394933	SNAP	14-May-24	15-Jul-24	5-Aug-24				83
361	2405396333	SNAP	15-May-24	15-Jul-24	6-Aug-24				83
362	2405396653	SNAP	16-May-24	15-Jul-24	7-Aug-24				83
363	2405396735	SNAP	16-May-24	15-Jul-24	7-Aug-24				83
364	2405396813	SNAP	16-May-24	15-Jul-24	7-Aug-24				83
365	2405397140	SNAP	17-May-24	16-Jul-24	8-Aug-24				83
366	2405397176	SNAP	17-May-24	16-Jul-24	8-Aug-24				83
367	2403369474	SNAP	20-Mar-24	20-May-24	10-Jun-24				82
368	2404375359	SNAP	5-Apr-24	4-Jun-24	26-Jun-24				82
369	2405397116	SNAP	17-May-24	16-Jul-24	7-Aug-24				82
370	2405397173	SNAP	17-May-24	16-Jul-24	7-Aug-24				82
371	2405398874	SNAP	22-May-24	22-Jul-24	12-Aug-24				82
372	2405399041	SNAP	22-May-24	22-Jul-24	12-Aug-24				82
373	2405399056	SNAP	22-May-24	22-Jul-24	12-Aug-24				82
374	2405399094	SNAP	22-May-24	22-Jul-24	12-Aug-24				82
375	2405399101	SNAP	22-May-24	22-Jul-24	12-Aug-24				82
376	2403370275	SNAP	22-Mar-24	21-May-24	11-Jun-24				81
377	2403370297	SNAP	22-Mar-24	21-May-24	11-Jun-24				81
378	2405392555	SNAP	10-May-24	9-Jul-24	30-Jul-24				81
379	2405393715	SNAP	13-May-24	12-Jul-24	2-Aug-24				81
380	2405397853	SNAP	20-May-24	19-Jul-24	9-Aug-24				81
381	2405397854	SNAP	20-May-24	19-Jul-24	9-Aug-24				81
382	2405397933	SNAP	20-May-24	19-Jul-24	9-Aug-24				81
383	2405398006	SNAP	20-May-24	22-Jul-24	9-Aug-24				81
384	2405399176	SNAP	23-May-24	22-Jul-24	12-Aug-24				81
385	2405399215	SNAP	23-May-24	22-Jul-24	12-Aug-24				81
386	2405399216	SNAP	23-May-24	22-Jul-24	12-Aug-24				81
387	2405399393	SNAP	23-May-24	22-Jul-24	12-Aug-24				81
388	2405399454	SNAP	23-May-24	22-Jul-24	12-Aug-24				81

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
389	2405399620	SNAP	23-May-24	23-Jul-24	12-Aug-24				81
390	2405399634	SNAP	23-May-24	23-Jul-24	12-Aug-24				81
391	2405399794	SNAP	24-May-24	23-Jul-24	13-Aug-24				81
392	2405399996	SNAP	24-May-24	23-Jul-24	13-Aug-24				81
393	2405399997	SNAP	24-May-24	23-Jul-24	13-Aug-24				81
394	2405400055	SNAP	24-May-24	23-Jul-24	13-Aug-24				81
395	2403368914	SNAP	19-Mar-24	20-May-24	7-Jun-24				80
396	2403368934	SNAP	19-Mar-24	20-May-24	7-Jun-24				80
397	2403370296	SNAP	22-Mar-24	21-May-24	10-Jun-24				80
398	2405395673	SNAP	14-May-24	15-Jul-24	2-Aug-24				80
399	2405397334	SNAP	17-May-24	16-Jul-24	5-Aug-24				80
400	2405397514	SNAP	20-May-24	19-Jul-24	8-Aug-24				80
401	2405397539	SNAP	20-May-24	19-Jul-24	8-Aug-24				80
402	2405398033	SNAP	20-May-24	22-Jul-24	8-Aug-24				80
403	2405398214	SNAP	21-May-24	22-Jul-24	9-Aug-24				80
404	2405398255	SNAP	21-May-24	22-Jul-24	9-Aug-24				80
405	2405398297	SNAP	21-May-24	22-Jul-24	9-Aug-24				80
406	2405398513	SNAP	21-May-24	22-Jul-24	9-Aug-24				80
407	2405399700	SNAP	24-May-24	23-Jul-24	12-Aug-24				80
408	2405399702	SNAP	24-May-24	23-Jul-24	12-Aug-24				80
409	2405399880	SNAP	24-May-24	23-Jul-24	12-Aug-24				80
410	2405400014	SNAP	24-May-24	22-Jul-24	12-Aug-24				80
411	2405400065	SNAP	24-May-24	23-Jul-24	12-Aug-24				80
412	2403368593	SNAP	18-Mar-24	17-May-24	5-Jun-24				79
413	2405398054	SNAP	21-May-24	22-Jul-24	8-Aug-24				79
414	2405398234	SNAP	21-May-24	22-Jul-24	8-Aug-24				79
415	2405398253	SNAP	21-May-24	22-Jul-24	8-Aug-24				79
416	2405398254	SNAP	21-May-24	22-Jul-24	8-Aug-24				79
417	2405398454	SNAP	21-May-24	22-Jul-24	8-Aug-24				79
418	2405398794	SNAP	22-May-24	22-Jul-24	9-Aug-24				79

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
419	2405400355	SNAP	28-May-24	29-Jul-24	15-Aug-24				79
420	2404377254	SNAP	10-Apr-24	10-Jun-24	27-Jun-24				78
421	2405398065	SNAP	21-May-24	22-Jul-24	7-Aug-24				78
422	2405399255	SNAP	23-May-24	22-Jul-24	9-Aug-24				78
423	2405399642	SNAP	23-May-24	23-Jul-24	9-Aug-24				78
424	2403371103	SNAP	25-Mar-24	28-May-24	10-Jun-24				77
425	2405401677	SNAP	30-May-24	30-Jul-24	15-Aug-24				77
426	2403372280	SNAP	27-Mar-24	28-May-24	11-Jun-24				76
427	2404373934	SNAP	3-Apr-24	3-Jun-24	18-Jun-24				76
428	2404378096	SNAP	12-Apr-24	11-Jun-24	27-Jun-24				76
429	2405392461	SNAP	10-May-24	9-Jul-24	25-Jul-24				76
430	2405400193	SNAP	28-May-24	29-Jul-24	12-Aug-24				76
431	2405400233	SNAP	28-May-24	29-Jul-24	12-Aug-24				76
432	2405400276	SNAP	28-May-24	29-Jul-24	12-Aug-24				76
433	2405400334	SNAP	28-May-24	29-Jul-24	12-Aug-24				76
434	2405400338	SNAP	28-May-24	29-Jul-24	12-Aug-24				76
435	2405400544	SNAP	28-May-24	29-Jul-24	12-Aug-24				76
436	2405400595	SNAP	28-May-24	29-Jul-24	12-Aug-24				76
437	2405400676	SNAP	29-May-24	29-Jul-24	13-Aug-24				76
438	2405400737	SNAP	29-May-24	29-Jul-24	13-Aug-24				76
439	2405401076	SNAP	29-May-24	29-Jul-24	13-Aug-24				76
440	2405401079	SNAP	29-May-24	29-Jul-24	13-Aug-24				76
441	2405401093	SNAP	29-May-24	29-Jul-24	13-Aug-24				76
442	2405401885	SNAP	31-May-24	30-Jul-24	15-Aug-24				76
443	2405401895	SNAP	31-May-24	30-Jul-24	15-Aug-24				76
444	2406403536	SNAP	5-Jun-24	5-Aug-24	20-Aug-24				76
445	2405397274	SNAP	17-May-24	16-Jul-24	31-Jul-24				75
446	2405400955	SNAP	29-May-24	29-Jul-24	12-Aug-24				75
447	2405401073	SNAP	29-May-24	29-Jul-24	12-Aug-24				75
448	2405401137	SNAP	30-May-24	29-Jul-24	13-Aug-24				75

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
449	2405401655	SNAP	30-May-24	30-Jul-24	13-Aug-24				75
450	2405401876	SNAP	31-May-24	30-Jul-24	14-Aug-24				75
451	2405401934	SNAP	31-May-24	30-Jul-24	14-Aug-24				75
452	2405401935	SNAP	31-May-24	30-Jul-24	14-Aug-24				75
453	2405401993	SNAP	31-May-24	30-Jul-24	14-Aug-24				75
454	2406403873	SNAP	5-Jun-24	5-Aug-24	19-Aug-24				75
455	2404373244	SNAP	1-Apr-24	3-Jun-24	14-Jun-24				74
456	2405401375	SNAP	30-May-24	29-Jul-24	12-Aug-24				74
457	2405401680	SNAP	31-May-24	30-Jul-24	13-Aug-24				74
458	2405401813	SNAP	31-May-24	30-Jul-24	13-Aug-24				74
459	2405401856	SNAP	31-May-24	30-Jul-24	13-Aug-24				74
460	2406404513	SNAP	6-Jun-24	5-Aug-24	19-Aug-24				74
461	2406404515	SNAP	6-Jun-24	5-Aug-24	19-Aug-24				74
462	2404373177	SNAP	1-Apr-24	31-May-24	13-Jun-24				73
463	2406402317	SNAP	3-Jun-24	2-Aug-24	15-Aug-24				73
464	2406402318	SNAP	3-Jun-24	2-Aug-24	15-Aug-24				73
465	2406402453	SNAP	3-Jun-24	2-Aug-24	15-Aug-24				73
466	2406402535	SNAP	3-Jun-24	2-Aug-24	15-Aug-24				73
467	2406402699	SNAP	3-Jun-24	2-Aug-24	15-Aug-24				73
468	2406402702	SNAP	3-Jun-24	5-Aug-24	15-Aug-24				73
469	2406402708	SNAP	3-Jun-24	5-Aug-24	15-Aug-24				73
470	2406402710	SNAP	3-Jun-24	5-Aug-24	15-Aug-24				73
471	2406403098	SNAP	4-Jun-24	5-Aug-24	16-Aug-24				73
472	2406404916	SNAP	7-Jun-24	6-Aug-24	19-Aug-24				73
473	2406405033	SNAP	7-Jun-24	6-Aug-24	19-Aug-24				73
474	2406406674	SNAP	14-Jun-24	13-Aug-24	26-Aug-24				73
475	2403370617	SNAP	25-Mar-24	13-May-24	5-Jun-24				72
476	2404373003	SNAP	1-Apr-24	31-May-24	12-Jun-24				72
477	2406402154	SNAP	3-Jun-24	2-Aug-24	14-Aug-24				72
478	2406402283	SNAP	3-Jun-24	2-Aug-24	14-Aug-24				72

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
479	2406402778	SNAP	4-Jun-24	5-Aug-24	15-Aug-24				72
480	2406402796	SNAP	4-Jun-24	5-Aug-24	15-Aug-24				72
481	2406402974	SNAP	4-Jun-24	5-Aug-24	15-Aug-24				72
482	2406403034	SNAP	4-Jun-24	5-Aug-24	15-Aug-24				72
483	2406403055	SNAP	4-Jun-24	5-Aug-24	15-Aug-24				72
484	2406403058	SNAP	4-Jun-24	5-Aug-24	15-Aug-24				72
485	2406403414	SNAP	4-Jun-24	5-Aug-24	15-Aug-24				72
486	2406403576	SNAP	5-Jun-24	5-Aug-24	16-Aug-24				72
487	2406403733	SNAP	5-Jun-24	5-Aug-24	16-Aug-24				72
488	2406403999	SNAP	5-Jun-24	5-Aug-24	16-Aug-24				72
489	2403371554	SNAP	26-Mar-24	28-May-24	5-Jun-24				71
490	2404374175	SNAP	3-Apr-24	3-Jun-24	13-Jun-24				71
491	2404375936	SNAP	8-Apr-24	7-Jun-24	18-Jun-24				71
492	2405396274	SNAP	15-May-24	15-Jul-24	25-Jul-24				71
493	2405398274	SNAP	21-May-24	22-Jul-24	31-Jul-24				71
494	2406402113	SNAP	3-Jun-24	2-Aug-24	13-Aug-24				71
495	2406402236	SNAP	3-Jun-24	2-Aug-24	13-Aug-24				71
496	2406402342	SNAP	3-Jun-24	2-Aug-24	13-Aug-24				71
497	2406403495	SNAP	5-Jun-24	30-Jul-24	15-Aug-24				71
498	2406403894	SNAP	5-Jun-24	5-Aug-24	15-Aug-24				71
499	2406404040	SNAP	6-Jun-24	5-Aug-24	16-Aug-24				71
500	2406404042	SNAP	6-Jun-24	5-Aug-24	16-Aug-24				71
501	2406404255	SNAP	6-Jun-24	5-Aug-24	16-Aug-24				71
502	2406404333	SNAP	6-Jun-24	5-Aug-24	16-Aug-24				71
503	2406405295	SNAP	10-Jun-24	9-Aug-24	20-Aug-24				71
504	2404375141	SNAP	5-Apr-24	4-Jun-24	14-Jun-24				70
505	2404375153	SNAP	5-Apr-24	4-Jun-24	14-Jun-24				70
506	2404375173	SNAP	5-Apr-24	4-Jun-24	14-Jun-24				70
507	2404376721	SNAP	9-Apr-24	10-Jun-24	18-Jun-24				70
508	2404380097	SNAP	17-Apr-24	17-Jun-24	26-Jun-24				70

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
509	2406402194	SNAP	3-Jun-24	2-Aug-24	12-Aug-24				70
510	2406404254	SNAP	6-Jun-24	5-Aug-24	15-Aug-24				70
511	2406404637	SNAP	7-Jun-24	6-Aug-24	16-Aug-24				70
512	2406404862	SNAP	7-Jun-24	6-Aug-24	16-Aug-24				70
513	2406405276	SNAP	10-Jun-24	9-Aug-24	19-Aug-24				70
514	2406405343	SNAP	10-Jun-24	9-Aug-24	19-Aug-24				70
515	2406406913	SNAP	17-Jun-24	16-Aug-24	26-Aug-24				70
516	2404373686	SNAP	2-Apr-24	3-Jun-24	10-Jun-24				69
517	2404377054	SNAP	10-Apr-24	10-Jun-24	18-Jun-24				69
518	2404377055	SNAP	10-Apr-24	10-Jun-24	18-Jun-24				69
519	2404377057	SNAP	10-Apr-24	10-Jun-24	18-Jun-24				69
520	2406405446	SNAP	11-Jun-24	12-Aug-24	19-Aug-24				69
521	2406405717	SNAP	11-Jun-24	12-Aug-24	19-Aug-24				69
522	2406406238	SNAP	13-Jun-24	12-Aug-24	21-Aug-24				69
523	2404380093	SNAP	17-Apr-24	17-Jun-24	24-Jun-24				68
524	2404381133	SNAP	18-Apr-24	18-Jun-24	25-Jun-24				68
525	2406404695	SNAP	7-Jun-24	6-Aug-24	14-Aug-24				68
526	2406405829	SNAP	12-Jun-24	12-Aug-24	19-Aug-24				68
527	2406405862	SNAP	12-Jun-24	12-Aug-24	19-Aug-24				68
528	2406405927	SNAP	12-Jun-24	12-Aug-24	19-Aug-24				68
529	2406405941	SNAP	12-Jun-24	12-Aug-24	19-Aug-24				68
530	2406405961	SNAP	12-Jun-24	12-Aug-24	19-Aug-24				68
531	2406405997	SNAP	12-Jun-24	12-Aug-24	19-Aug-24				68
532	2406406101	SNAP	12-Jun-24	12-Aug-24	19-Aug-24				68
533	2406406242	SNAP	13-Jun-24	12-Aug-24	20-Aug-24				68
534	2406406253	SNAP	13-Jun-24	12-Aug-24	20-Aug-24				68
535	2406406494	SNAP	13-Jun-24	13-Aug-24	20-Aug-24				68
536	2406406499	SNAP	13-Jun-24	13-Aug-24	20-Aug-24				68
537	2406406634	SNAP	14-Jun-24	13-Aug-24	21-Aug-24				68
538	2404375749	SNAP	8-Apr-24	7-Jun-24	14-Jun-24				67

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
539	2406405073	SNAP	10-Jun-24	9-Aug-24	16-Aug-24				67
540	2406405077	SNAP	10-Jun-24	9-Aug-24	16-Aug-24				67
541	2406406519	SNAP	14-Jun-24	13-Aug-24	20-Aug-24				67
542	2406406533	SNAP	14-Jun-24	13-Aug-24	20-Aug-24				67
543	2406406556	SNAP	14-Jun-24	13-Aug-24	20-Aug-24				67
544	2406406562	SNAP	14-Jun-24	13-Aug-24	20-Aug-24				67
545	2406406653	SNAP	14-Jun-24	13-Aug-24	20-Aug-24				67
546	2406406695	SNAP	14-Jun-24	13-Aug-24	20-Aug-24				67
547	2406406701	SNAP	14-Jun-24	13-Aug-24	20-Aug-24				67
548	2404378697	SNAP	15-Apr-24	14-Jun-24	20-Jun-24				66
549	2404378699	SNAP	15-Apr-24	14-Jun-24	20-Jun-24				66
550	2404381213	SNAP	19-Apr-24	18-Jun-24	24-Jun-24				66
551	2404381233	SNAP	19-Apr-24	18-Jun-24	24-Jun-24				66
552	2406405442	SNAP	11-Jun-24	12-Aug-24	16-Aug-24				66
553	2406405443	SNAP	11-Jun-24	12-Aug-24	16-Aug-24				66
554	2406405517	SNAP	11-Jun-24	12-Aug-24	16-Aug-24				66
555	2406405535	SNAP	11-Jun-24	12-Aug-24	16-Aug-24				66
556	2406405538	SNAP	11-Jun-24	12-Aug-24	16-Aug-24				66
557	2406405560	SNAP	11-Jun-24	12-Aug-24	16-Aug-24				66
558	2406406555	SNAP	14-Jun-24	13-Aug-24	19-Aug-24				66
559	2404380101	SNAP	17-Apr-24	17-Jun-24	21-Jun-24				65
560	2404380102	SNAP	17-Apr-24	17-Jun-24	21-Jun-24				65
561	2406403995	SNAP	5-Jun-24	5-Aug-24	9-Aug-24				65
562	2406407013	SNAP	17-Jun-24	16-Aug-24	21-Aug-24				65
563	2406407214	SNAP	17-Jun-24	19-Aug-24	21-Aug-24				65
564	2404373684	SNAP	2-Apr-24	3-Jun-24	5-Jun-24				64
565	2404374254	SNAP	3-Apr-24	3-Jun-24	6-Jun-24				64
566	2404377733	SNAP	11-Apr-24	10-Jun-24	14-Jun-24				64
567	2405390693	SNAP	7-May-24	8-Jul-24	10-Jul-24				64
568	2405397536	SNAP	20-May-24	19-Jul-24	23-Jul-24				64

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
569	2406406478	SNAP	13-Jun-24	13-Aug-24	16-Aug-24				64
570	2406407431	SNAP	18-Jun-24	19-Aug-24	21-Aug-24				64
571	2406407434	SNAP	18-Jun-24	19-Aug-24	21-Aug-24				64
572	2404382954	SNAP	23-Apr-24	24-Jun-24	25-Jun-24				63
573	2404382974	SNAP	23-Apr-24	24-Jun-24	25-Jun-24				63
574	2405393015	SNAP	13-May-24	12-Jul-24	15-Jul-24				63
575	2406405114	SNAP	10-Jun-24	9-Aug-24	12-Aug-24				63
576	2406405278	SNAP	10-Jun-24	9-Aug-24	12-Aug-24				63
577	2406407140	SNAP	17-Jun-24	19-Aug-24	19-Aug-24				63
578	2406407276	SNAP	18-Jun-24	19-Aug-24	20-Aug-24				63
579	2406407277	SNAP	18-Jun-24	19-Aug-24	20-Aug-24				63
580	2406407279	SNAP	18-Jun-24	19-Aug-24	20-Aug-24				63
581	2406407296	SNAP	18-Jun-24	19-Aug-24	20-Aug-24				63
582	2404384653	SNAP	25-Apr-24	24-Jun-24	26-Jun-24				62
583	2404384673	SNAP	25-Apr-24	24-Jun-24	26-Jun-24				62
584	2405395893	SNAP	14-May-24	15-Jul-24	15-Jul-24				62
585	2406404116	SNAP	6-Jun-24	5-Aug-24	7-Aug-24				62
586	2406407613	SNAP	20-Jun-24	19-Aug-24	21-Aug-24				62
587	2406407628	SNAP	20-Jun-24	19-Aug-24	21-Aug-24				62
588	2406407718	SNAP	20-Jun-24	19-Aug-24	21-Aug-24				62
589	2406407795	SNAP	20-Jun-24	19-Aug-24	21-Aug-24				62
590	2406408001	SNAP	21-Jun-24	20-Aug-24	22-Aug-24				62
591	2406408076	SNAP	21-Jun-24	20-Aug-24	22-Aug-24				62
592	2406409238	SNAP	25-Jun-24	26-Aug-24	26-Aug-24				62
593	2404385434	SNAP	26-Apr-24	25-Jun-24	26-Jun-24				61
594	2406407954	SNAP	21-Jun-24	20-Aug-24	21-Aug-24				61
595	2406408056	SNAP	21-Jun-24	20-Aug-24	21-Aug-24				61
596	2406408097	SNAP	21-Jun-24	20-Aug-24	21-Aug-24				61
597	2406408118	SNAP	21-Jun-24	20-Aug-24	21-Aug-24				61
598	2406408196	SNAP	21-Jun-24	20-Aug-24	21-Aug-24				61

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
599	2406408215	SNAP	21-Jun-24	20-Aug-24	21-Aug-24				61
600	2406410353	SNAP	27-Jun-24	26-Aug-24	26-Aug-24				60
601	2404382466	SNAP	22-Apr-24	24-Jun-24	20-Jun-24				59
602	2406407251	SNAP	18-Jun-24	19-Aug-24	16-Aug-24				59
603	2406407321	SNAP	18-Jun-24	19-Aug-24	16-Aug-24				59
604	2406407515	SNAP	18-Jun-24	19-Aug-24	16-Aug-24				59
605	2406408294	SNAP	24-Jun-24	23-Aug-24	22-Aug-24				59
606	2406408295	SNAP	24-Jun-24	23-Aug-24	22-Aug-24				59
607	2406408433	SNAP	24-Jun-24	23-Aug-24	22-Aug-24				59
608	2406408698	SNAP	24-Jun-24	23-Aug-24	22-Aug-24				59
609	2406408875	SNAP	24-Jun-24	26-Aug-24	22-Aug-24				59
610	2406408882	SNAP	24-Jun-24	26-Aug-24	22-Aug-24				59
611	2406408885	SNAP	24-Jun-24	26-Aug-24	22-Aug-24				59
612	2406408887	SNAP	24-Jun-24	26-Aug-24	22-Aug-24				59
613	2404387293	SNAP	30-Apr-24	1-Jul-24	27-Jun-24				58
614	2406402176	SNAP	3-Jun-24	2-Aug-24	31-Jul-24				58
615	2406408394	SNAP	24-Jun-24	23-Aug-24	21-Aug-24				58
616	2406408397	SNAP	24-Jun-24	23-Aug-24	21-Aug-24				58
617	2406408873	SNAP	24-Jun-24	23-Aug-24	21-Aug-24				58
618	2406409280	SNAP	25-Jun-24	26-Aug-24	22-Aug-24				58
619	2406409459	SNAP	25-Jun-24	26-Aug-24	22-Aug-24				58
620	2404377336	SNAP	10-Apr-24	10-Jun-24	6-Jun-24				57
621	2405389493	SNAP	2-May-24	1-Jul-24	28-Jun-24				57
622	2405389533	SNAP	2-May-24	2-Jul-24	28-Jun-24				57
623	2405390581	SNAP	6-May-24	5-Jul-24	2-Jul-24				57
624	2406408594	SNAP	24-Jun-24	23-Aug-24	20-Aug-24				57
625	2406409114	SNAP	25-Jun-24	26-Aug-24	21-Aug-24				57
626	2406409277	SNAP	25-Jun-24	26-Aug-24	21-Aug-24				57
627	2406409527	SNAP	26-Jun-24	26-Aug-24	22-Aug-24				57
628	2406409634	SNAP	26-Jun-24	26-Aug-24	22-Aug-24				57

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
629	2406409795	SNAP	26-Jun-24	26-Aug-24	22-Aug-24				57
630	2406410336	SNAP	27-Jun-24	26-Aug-24	23-Aug-24				57
631	2407411380	SNAP	1-Jul-24	30-Aug-24	27-Aug-24				57
632	2407412776	SNAP	2-Jul-24	3-Sep-24	28-Aug-24				57
633	2405391500	SNAP	8-May-24	8-Jul-24	3-Jul-24				56
634	2406407076	SNAP	17-Jun-24	16-Aug-24	12-Aug-24				56
635	2406410118	SNAP	27-Jun-24	26-Aug-24	22-Aug-24				56
636	2406410645	SNAP	27-Jun-24	27-Aug-24	22-Aug-24				56
637	2407414193	SNAP	5-Jul-24	3-Sep-24	30-Aug-24				56
638	2405391594	SNAP	8-May-24	8-Jul-24	2-Jul-24				55
639	2405391615	SNAP	8-May-24	8-Jul-24	2-Jul-24				55
640	2405397395	SNAP	17-May-24	16-Jul-24	11-Jul-24				55
641	2406404579	SNAP	6-Jun-24	6-Aug-24	31-Jul-24				55
642	2406407278	SNAP	18-Jun-24	19-Aug-24	12-Aug-24				55
643	2406409521	SNAP	26-Jun-24	26-Aug-24	20-Aug-24				55
644	2406409674	SNAP	26-Jun-24	26-Aug-24	20-Aug-24				55
645	2406410937	SNAP	28-Jun-24	27-Aug-24	22-Aug-24				55
646	2406411195	SNAP	28-Jun-24	27-Aug-24	22-Aug-24				55
647	2407414034	SNAP	5-Jul-24	3-Sep-24	29-Aug-24				55
648	2406408154	SNAP	21-Jun-24	20-Aug-24	14-Aug-24				54
649	2405392913	SNAP	13-May-24	12-Jul-24	5-Jul-24				53
650	2405393093	SNAP	13-May-24	12-Jul-24	5-Jul-24				53
651	2405393095	SNAP	13-May-24	12-Jul-24	5-Jul-24				53
652	2405397335	SNAP	17-May-24	16-Jul-24	9-Jul-24				53
653	2405397355	SNAP	17-May-24	16-Jul-24	9-Jul-24				53
654	2405399195	SNAP	23-May-24	22-Jul-24	15-Jul-24				53
655	2405399641	SNAP	23-May-24	23-Jul-24	15-Jul-24				53
656	2406406816	SNAP	17-Jun-24	16-Aug-24	9-Aug-24				53
657	2407411773	SNAP	1-Jul-24	30-Aug-24	23-Aug-24				53
658	2407411794	SNAP	1-Jul-24	30-Aug-24	23-Aug-24				53

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
659	2407411873	SNAP	1-Jul-24	30-Aug-24	23-Aug-24				53
660	2405396016	SNAP	14-May-24	15-Jul-24	5-Jul-24				52
661	2405396020	SNAP	14-May-24	15-Jul-24	5-Jul-24				52
662	2405396021	SNAP	14-May-24	15-Jul-24	5-Jul-24				52
663	2406407514	SNAP	18-Jun-24	19-Aug-24	9-Aug-24				52
664	2407411734	SNAP	1-Jul-24	30-Aug-24	22-Aug-24				52
665	2407412775	SNAP	2-Jul-24	3-Sep-24	23-Aug-24				52
666	2407413953	SNAP	5-Jul-24	3-Sep-24	26-Aug-24				52
667	2405392933	SNAP	13-May-24	12-Jul-24	3-Jul-24				51
668	2405393314	SNAP	13-May-24	12-Jul-24	3-Jul-24				51
669	2406409513	SNAP	25-Jun-24	26-Aug-24	15-Aug-24				51
670	2407412433	SNAP	2-Jul-24	3-Sep-24	22-Aug-24				51
671	2407412778	SNAP	2-Jul-24	3-Sep-24	22-Aug-24				51
672	2405398653	SNAP	22-May-24	22-Jul-24	11-Jul-24				50
673	2405399533	SNAP	23-May-24	15-Jul-24	12-Jul-24				50
674	2405399573	SNAP	23-May-24	22-Jul-24	12-Jul-24				50
675	2406405816	SNAP	12-Jun-24	12-Aug-24	1-Aug-24				50
676	2407413073	SNAP	3-Jul-24	3-Sep-24	22-Aug-24				50
677	2407413094	SNAP	3-Jul-24	3-Sep-24	22-Aug-24				50
678	2407413254	SNAP	3-Jul-24	3-Sep-24	22-Aug-24				50
679	2407413273	SNAP	3-Jul-24	3-Sep-24	22-Aug-24				50
680	2405398644	SNAP	22-May-24	22-Jul-24	10-Jul-24				49
681	2405398645	SNAP	22-May-24	22-Jul-24	10-Jul-24				49
682	2405398648	SNAP	22-May-24	22-Jul-24	10-Jul-24				49
683	2405399576	SNAP	23-May-24	19-Jul-24	11-Jul-24				49
684	2406410060	SNAP	26-Jun-24	26-Aug-24	14-Aug-24				49
685	2407413673	SNAP	5-Jul-24	3-Sep-24	23-Aug-24				49
686	2407420995	SNAP	24-Jul-24	23-Sep-24	11-Sep-24				49
687	2406406745	SNAP	14-Jun-24	13-Aug-24	1-Aug-24				48
688	2406407353	SNAP	18-Jun-24	19-Aug-24	5-Aug-24				48

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
689	2406408978	SNAP	25-Jun-24	26-Aug-24	12-Aug-24				48
690	2407413794	SNAP	5-Jul-24	3-Sep-24	22-Aug-24				48
691	2407413978	SNAP	5-Jul-24	3-Sep-24	22-Aug-24				48
692	2407415634	SNAP	9-Jul-24	9-Sep-24	26-Aug-24				48
693	2407415777	SNAP	10-Jul-24	9-Sep-24	27-Aug-24				48
694	2407415918	SNAP	10-Jul-24	9-Sep-24	27-Aug-24				48
695	2407416967	SNAP	12-Jul-24	10-Sep-24	29-Aug-24				48
696	2405399653	SNAP	24-May-24	23-Jul-24	10-Jul-24				47
697	2405401433	SNAP	30-May-24	29-Jul-24	16-Jul-24				47
698	2407416114	SNAP	10-Jul-24	9-Sep-24	26-Aug-24				47
699	2407416136	SNAP	10-Jul-24	9-Sep-24	26-Aug-24				47
700	2407414534	SNAP	8-Jul-24	6-Sep-24	23-Aug-24				46
701	2407414624	SNAP	8-Jul-24	6-Sep-24	23-Aug-24				46
702	2407414653	SNAP	8-Jul-24	6-Sep-24	23-Aug-24				46
703	2407414673	SNAP	8-Jul-24	6-Sep-24	23-Aug-24				46
704	2407414787	SNAP	8-Jul-24	9-Sep-24	23-Aug-24				46
705	2407414803	SNAP	8-Jul-24	9-Sep-24	23-Aug-24				46
706	2407414834	SNAP	8-Jul-24	9-Sep-24	23-Aug-24				46
707	2407416144	SNAP	11-Jul-24	9-Sep-24	26-Aug-24				46
708	2407416235	SNAP	11-Jul-24	9-Sep-24	26-Aug-24				46
709	2407416533	SNAP	11-Jul-24	9-Sep-24	26-Aug-24				46
710	2407414625	SNAP	8-Jul-24	6-Sep-24	22-Aug-24				45
711	2407414756	SNAP	8-Jul-24	6-Sep-24	22-Aug-24				45
712	2407414873	SNAP	9-Jul-24	9-Sep-24	23-Aug-24				45
713	2407415453	SNAP	9-Jul-24	9-Sep-24	23-Aug-24				45
714	2407415660	SNAP	9-Jul-24	9-Sep-24	23-Aug-24				45
715	2407415740	SNAP	9-Jul-24	9-Sep-24	23-Aug-24				45
716	2407416801	SNAP	12-Jul-24	10-Sep-24	26-Aug-24				45
717	2407416813	SNAP	12-Jul-24	10-Sep-24	26-Aug-24				45
718	2407416874	SNAP	12-Jul-24	10-Sep-24	26-Aug-24				45

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
719	2405400681	SNAP	29-May-24	29-Jul-24	12-Jul-24				44
720	2406402356	SNAP	3-Jun-24	2-Aug-24	17-Jul-24				44
721	2406402357	SNAP	3-Jun-24	2-Aug-24	17-Jul-24				44
722	2406403713	SNAP	5-Jun-24	5-Aug-24	19-Jul-24				44
723	2407415779	SNAP	10-Jul-24	9-Sep-24	23-Aug-24				44
724	2407415780	SNAP	10-Jul-24	9-Sep-24	23-Aug-24				44
725	2407415817	SNAP	10-Jul-24	9-Sep-24	23-Aug-24				44
726	2407415940	SNAP	10-Jul-24	9-Sep-24	23-Aug-24				44
727	2407416042	SNAP	10-Jul-24	9-Sep-24	23-Aug-24				44
728	2407416089	SNAP	10-Jul-24	9-Sep-24	23-Aug-24				44
729	2407417855	SNAP	16-Jul-24	16-Sep-24	29-Aug-24				44
730	2408425015	SNAP	5-Aug-24	4-Oct-24	18-Sep-24				44
731	2406402353	SNAP	3-Jun-24	2-Aug-24	16-Jul-24				43
732	2407415994	SNAP	10-Jul-24	9-Sep-24	22-Aug-24				43
733	2407416139	SNAP	11-Jul-24	9-Sep-24	23-Aug-24				43
734	2407416394	SNAP	11-Jul-24	9-Sep-24	23-Aug-24				43
735	2407417274	SNAP	15-Jul-24	13-Sep-24	27-Aug-24				43
736	2407417755	SNAP	16-Jul-24	16-Sep-24	28-Aug-24				43
737	2407418198	SNAP	16-Jul-24	16-Sep-24	28-Aug-24				43
738	2407418220	SNAP	16-Jul-24	16-Sep-24	28-Aug-24				43
739	2407418274	SNAP	16-Jul-24	16-Sep-24	28-Aug-24				43
740	2407418555	SNAP	17-Jul-24	16-Sep-24	29-Aug-24				43
741	2407419773	SNAP	22-Jul-24	23-Sep-24	3-Sep-24				43
742	2407417076	SNAP	15-Jul-24	13-Sep-24	26-Aug-24				42
743	2407417132	SNAP	15-Jul-24	13-Sep-24	26-Aug-24				42
744	2407417153	SNAP	15-Jul-24	13-Sep-24	26-Aug-24				42
745	2407417377	SNAP	15-Jul-24	13-Sep-24	26-Aug-24				42
746	2407417433	SNAP	15-Jul-24	16-Sep-24	26-Aug-24				42
747	2407418093	SNAP	16-Jul-24	16-Sep-24	27-Aug-24				42
748	2407418194	SNAP	16-Jul-24	16-Sep-24	27-Aug-24				42

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
749	2407418273	SNAP	16-Jul-24	16-Sep-24	27-Aug-24				42
750	2407418340	SNAP	17-Jul-24	16-Sep-24	28-Aug-24				42
751	2407418395	SNAP	17-Jul-24	16-Sep-24	28-Aug-24				42
752	2407418876	SNAP	18-Jul-24	16-Sep-24	29-Aug-24				42
753	2407418975	SNAP	18-Jul-24	16-Sep-24	29-Aug-24				42
754	2407419033	SNAP	18-Jul-24	17-Sep-24	29-Aug-24				42
755	2406405445	SNAP	11-Jun-24	12-Aug-24	22-Jul-24				41
756	2406406175	SNAP	13-Jun-24	19-Jul-24	24-Jul-24				41
757	2407412153	SNAP	2-Jul-24	3-Sep-24	12-Aug-24				41
758	2407415155	SNAP	9-Jul-24	9-Sep-24	19-Aug-24				41
759	2407417482	SNAP	16-Jul-24	16-Sep-24	26-Aug-24				41
760	2407417539	SNAP	16-Jul-24	16-Sep-24	26-Aug-24				41
761	2407418334	SNAP	17-Jul-24	16-Sep-24	27-Aug-24				41
762	2407418335	SNAP	17-Jul-24	16-Sep-24	27-Aug-24				41
763	2407418364	SNAP	17-Jul-24	16-Sep-24	27-Aug-24				41
764	2407419000	SNAP	18-Jul-24	17-Sep-24	28-Aug-24				41
765	2407419153	SNAP	19-Jul-24	17-Sep-24	29-Aug-24				41
766	2407421276	SNAP	24-Jul-24	23-Sep-24	3-Sep-24				41
767	2407421376	SNAP	25-Jul-24	23-Sep-24	4-Sep-24				41
768	2407421381	SNAP	25-Jul-24	23-Sep-24	4-Sep-24				41
769	2407421474	SNAP	25-Jul-24	23-Sep-24	4-Sep-24				41
770	2407421708	SNAP	25-Jul-24	24-Sep-24	4-Sep-24				41
771	2405396115	SNAP	15-May-24	15-Jul-24	24-Jun-24				40
772	2407418736	SNAP	18-Jul-24	16-Sep-24	27-Aug-24				40
773	2407419046	SNAP	19-Jul-24	17-Sep-24	28-Aug-24				40
774	2407421302	SNAP	25-Jul-24	23-Sep-24	3-Sep-24				40
775	2407421616	SNAP	25-Jul-24	23-Sep-24	3-Sep-24				40
776	2407421703	SNAP	25-Jul-24	24-Sep-24	3-Sep-24				40
777	230668255	SNAP	25-Jun-23	25-Aug-23	3-Aug-23			20-Jun-24	39
778	2407414785	SNAP	8-Jul-24	9-Sep-24	16-Aug-24				39

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
779	2407417334	SNAP	15-Jul-24	13-Sep-24	23-Aug-24				39
780	2407421937	SNAP	26-Jul-24	24-Sep-24	3-Sep-24				39
781	2407421999	SNAP	26-Jul-24	24-Sep-24	3-Sep-24				39
782	2408427457	SNAP	9-Aug-24	8-Oct-24	17-Sep-24				39
783	2406411095	SNAP	28-Jun-24	27-Aug-24	5-Aug-24				38
784	2407414518	SNAP	8-Jul-24	6-Sep-24	15-Aug-24				38
785	2407416805	SNAP	12-Jul-24	10-Sep-24	19-Aug-24				38
786	2407417597	SNAP	16-Jul-24	16-Sep-24	23-Aug-24				38
787	2407419136	SNAP	19-Jul-24	17-Sep-24	26-Aug-24				38
788	2407419895	SNAP	23-Jul-24	23-Sep-24	30-Aug-24				38
789	2407419934	SNAP	23-Jul-24	23-Sep-24	30-Aug-24				38
790	2407420374	SNAP	23-Jul-24	23-Sep-24	30-Aug-24				38
791	2407415735	SNAP	9-Jul-24	9-Sep-24	15-Aug-24				37
792	2407419413	SNAP	22-Jul-24	20-Sep-24	28-Aug-24				37
793	2407422274	SNAP	29-Jul-24	27-Sep-24	4-Sep-24				37
794	2407422283	SNAP	29-Jul-24	27-Sep-24	4-Sep-24				37
795	2407422296	SNAP	29-Jul-24	27-Sep-24	4-Sep-24				37
796	2407422413	SNAP	29-Jul-24	24-Sep-24	4-Sep-24				37
797	2407422433	SNAP	29-Jul-24	30-Sep-24	4-Sep-24				37
798	2407423473	SNAP	30-Jul-24	30-Sep-24	5-Sep-24				37
799	2407423475	SNAP	30-Jul-24	30-Sep-24	5-Sep-24				37
800	2408429673	SNAP	19-Aug-24	18-Oct-24	25-Sep-24				37
801	2407417298	SNAP	15-Jul-24	13-Sep-24	20-Aug-24				36
802	2407423314	SNAP	30-Jul-24	30-Sep-24	4-Sep-24				36
803	2407423433	SNAP	30-Jul-24	30-Sep-24	4-Sep-24				36
804	2407423836	SNAP	31-Jul-24	30-Sep-24	5-Sep-24				36
805	2406402781	SNAP	4-Jun-24	5-Aug-24	9-Jul-24				35
806	2406408734	SNAP	24-Jun-24	12-Aug-24	29-Jul-24				35
807	2406410713	SNAP	27-Jun-24	27-Aug-24	1-Aug-24				35
808	2407416978	SNAP	12-Jul-24	10-Sep-24	16-Aug-24				35

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
809	2407418914	SNAP	18-Jul-24	16-Sep-24	22-Aug-24				35
810	2407419374	SNAP	22-Jul-24	20-Sep-24	26-Aug-24				35
811	2407422486	SNAP	30-Jul-24	30-Sep-24	3-Sep-24				35
812	2407423073	SNAP	30-Jul-24	30-Sep-24	3-Sep-24				35
813	2407423578	SNAP	31-Jul-24	30-Sep-24	4-Sep-24				35
814	2407423600	SNAP	31-Jul-24	30-Sep-24	4-Sep-24				35
815	2408424298	SNAP	1-Aug-24	30-Sep-24	5-Sep-24				35
816	2408424620	SNAP	2-Aug-24	30-Sep-24	6-Sep-24				35
817	2406408014	SNAP	21-Jun-24	6-Aug-24	25-Jul-24				34
818	2406411074	SNAP	28-Jun-24	2-Aug-24	1-Aug-24				34
819	2407412314	SNAP	2-Jul-24	19-Aug-24	5-Aug-24				34
820	2407413633	SNAP	3-Jul-24	8-Jul-24	6-Aug-24				34
821	2407418847	SNAP	18-Jul-24	16-Sep-24	21-Aug-24				34
822	2408424475	SNAP	2-Aug-24	1-Oct-24	5-Sep-24				34
823	2408424476	SNAP	2-Aug-24	1-Oct-24	5-Sep-24				34
824	2408424477	SNAP	2-Aug-24	1-Oct-24	5-Sep-24				34
825	2408424613	SNAP	2-Aug-24	1-Oct-24	5-Sep-24				34
826	2408424715	SNAP	2-Aug-24	1-Oct-24	5-Sep-24				34
827	2408427341	SNAP	8-Aug-24	7-Oct-24	11-Sep-24				34
828	2407413993	SNAP	5-Jul-24	20-Aug-24	7-Aug-24				33
829	2407418973	SNAP	18-Jul-24	16-Sep-24	20-Aug-24				33
830	2408427100	SNAP	7-Aug-24	7-Oct-24	9-Sep-24				33
831	2408427356	SNAP	8-Aug-24	7-Oct-24	10-Sep-24				33
832	2408427373	SNAP	8-Aug-24	7-Oct-24	10-Sep-24				33
833	2408427478	SNAP	9-Aug-24	8-Oct-24	11-Sep-24				33
834	2408427655	SNAP	9-Aug-24	8-Oct-24	11-Sep-24				33
835	2408427773	SNAP	9-Aug-24	8-Oct-24	11-Sep-24				33
836	2408428743	SNAP	15-Aug-24	14-Oct-24	17-Sep-24				33
837	2408428745	SNAP	15-Aug-24	14-Oct-24	17-Sep-24				33
838	2408429245	SNAP	16-Aug-24	15-Oct-24	18-Sep-24				33

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
839	2408430840	SNAP	22-Aug-24	21-Oct-24	24-Sep-24				33
840	2407417256	SNAP	15-Jul-24	13-Sep-24	16-Aug-24				32
841	2407417384	SNAP	15-Jul-24	16-Sep-24	16-Aug-24				32
842	2407421742	SNAP	26-Jul-24	24-Sep-24	27-Aug-24				32
843	2408425199	SNAP	5-Aug-24	4-Oct-24	6-Sep-24				32
844	2408425214	SNAP	5-Aug-24	7-Oct-24	6-Sep-24				32
845	2408425234	SNAP	5-Aug-24	7-Oct-24	6-Sep-24				32
846	2408427165	SNAP	8-Aug-24	7-Oct-24	9-Sep-24				32
847	2408427345	SNAP	8-Aug-24	7-Oct-24	9-Sep-24				32
848	2408427396	SNAP	8-Aug-24	4-Oct-24	9-Sep-24				32
849	2408427411	SNAP	8-Aug-24	7-Oct-24	9-Sep-24				32
850	2408427422	SNAP	8-Aug-24	8-Oct-24	9-Sep-24				32
851	2408428858	SNAP	15-Aug-24	14-Oct-24	16-Sep-24				32
852	2408428933	SNAP	15-Aug-24	14-Oct-24	16-Sep-24				32
853	2408429073	SNAP	16-Aug-24	15-Oct-24	17-Sep-24				32
854	2408429125	SNAP	16-Aug-24	15-Oct-24	17-Sep-24				32
855	2408429236	SNAP	16-Aug-24	15-Oct-24	17-Sep-24				32
856	2407414658	SNAP	8-Jul-24	23-Aug-24	8-Aug-24				31
857	2407415393	SNAP	9-Jul-24	26-Aug-24	9-Aug-24				31
858	2408425034	SNAP	5-Aug-24	4-Oct-24	5-Sep-24				31
859	2408425265	SNAP	6-Aug-24	7-Oct-24	6-Sep-24				31
860	2408425315	SNAP	6-Aug-24	7-Oct-24	6-Sep-24				31
861	2408425873	SNAP	6-Aug-24	7-Oct-24	6-Sep-24				31
862	2408426714	SNAP	6-Aug-24	7-Oct-24	6-Sep-24				31
863	2408427461	SNAP	9-Aug-24	8-Oct-24	9-Sep-24				31
864	2408428028	SNAP	12-Aug-24	14-Oct-24	12-Sep-24				31
865	2408428382	SNAP	13-Aug-24	14-Oct-24	13-Sep-24				31
866	2408429111	SNAP	16-Aug-24	15-Oct-24	16-Sep-24				31
867	2407414517	SNAP	8-Jul-24	23-Aug-24	7-Aug-24				30
868	2407417316	SNAP	15-Jul-24	6-Sep-24	14-Aug-24				30

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
869	2407417694	SNAP	16-Jul-24	6-Sep-24	15-Aug-24				30
870	2407417793	SNAP	16-Jul-24	6-Sep-24	15-Aug-24				30
871	2407418515	SNAP	17-Jul-24	9-Sep-24	16-Aug-24				30
872	2407420333	SNAP	23-Jul-24	23-Sep-24	22-Aug-24				30
873	2407421118	SNAP	24-Jul-24	23-Sep-24	23-Aug-24				30
874	2407423273	SNAP	30-Jul-24	30-Sep-24	29-Aug-24				30
875	2408425262	SNAP	6-Aug-24	7-Oct-24	5-Sep-24				30
876	2408425655	SNAP	6-Aug-24	7-Oct-24	5-Sep-24				30
877	2408425853	SNAP	6-Aug-24	7-Oct-24	5-Sep-24				30
878	2408426881	SNAP	7-Aug-24	7-Oct-24	6-Sep-24				30
879	2408427115	SNAP	7-Aug-24	7-Oct-24	6-Sep-24				30
880	2408427823	SNAP	12-Aug-24	11-Oct-24	11-Sep-24				30
881	2408427917	SNAP	12-Aug-24	11-Oct-24	11-Sep-24				30
882	2408427940	SNAP	12-Aug-24	11-Oct-24	11-Sep-24				30
883	2408428032	SNAP	12-Aug-24	14-Oct-24	11-Sep-24				30
884	2408428143	SNAP	13-Aug-24	14-Oct-24	12-Sep-24				30
885	2408428153	SNAP	13-Aug-24	14-Oct-24	12-Sep-24				30
886	2408428345	SNAP	13-Aug-24	11-Oct-24	12-Sep-24				30
887	2408428493	SNAP	14-Aug-24	14-Oct-24	13-Sep-24				30
888	2408428542	SNAP	14-Aug-24	14-Oct-24	13-Sep-24				30
889	2408428685	SNAP	14-Aug-24	14-Oct-24	13-Sep-24				30
890	2405400819	SNAP	29-May-24	29-Jul-24	27-Jun-24				29
891	2405401161	SNAP	30-May-24	29-Jul-24	28-Jun-24				29
892	2407418860	SNAP	18-Jul-24	16-Sep-24	16-Aug-24				29
893	2407421134	SNAP	24-Jul-24	23-Sep-24	22-Aug-24				29
894	2407421704	SNAP	25-Jul-24	24-Sep-24	23-Aug-24				29
895	2407422438	SNAP	29-Jul-24	30-Sep-24	27-Aug-24				29
896	2408425260	SNAP	6-Aug-24	7-Oct-24	4-Sep-24				29
897	2408427415	SNAP	8-Aug-24	8-Oct-24	6-Sep-24				29
898	2408428136	SNAP	13-Aug-24	14-Oct-24	11-Sep-24				29

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
899	2408428460	SNAP	14-Aug-24	14-Oct-24	12-Sep-24				29
900	2408428558	SNAP	14-Aug-24	14-Oct-24	12-Sep-24				29
901	2408428678	SNAP	14-Aug-24	14-Oct-24	12-Sep-24				29
902	2408428774	SNAP	15-Aug-24	14-Oct-24	13-Sep-24				29
903	2408429012	SNAP	15-Aug-24	15-Oct-24	13-Sep-24				29
904	2408429361	SNAP	19-Aug-24	18-Oct-24	17-Sep-24				29
905	2408429376	SNAP	19-Aug-24	18-Oct-24	17-Sep-24				29
906	2408429380	SNAP	19-Aug-24	18-Oct-24	17-Sep-24				29
907	2408429397	SNAP	19-Aug-24	18-Oct-24	17-Sep-24				29
908	2408429398	SNAP	19-Aug-24	18-Oct-24	17-Sep-24				29
909	2408429456	SNAP	19-Aug-24	18-Oct-24	17-Sep-24				29
910	2408429557	SNAP	19-Aug-24	18-Oct-24	17-Sep-24				29
911	2408429693	SNAP	19-Aug-24	18-Oct-24	17-Sep-24				29
912	2408429724	SNAP	19-Aug-24	18-Oct-24	17-Sep-24				29
913	2408429756	SNAP	19-Aug-24	18-Oct-24	17-Sep-24				29
914	2408429776	SNAP	19-Aug-24	18-Oct-24	17-Sep-24				29
915	2408429792	SNAP	19-Aug-24	18-Oct-24	17-Sep-24				29
916	2408429939	SNAP	19-Aug-24	21-Oct-24	17-Sep-24				29
917	2408430233	SNAP	20-Aug-24	21-Oct-24	18-Sep-24				29
918	2408430542	SNAP	21-Aug-24	21-Oct-24	19-Sep-24				29
919	2408430623	SNAP	21-Aug-24	21-Oct-24	19-Sep-24				29
920	2408430665	SNAP	21-Aug-24	21-Oct-24	19-Sep-24				29
921	2406405279	SNAP	10-Jun-24	9-Aug-24	8-Jul-24				28
922	2407420554	SNAP	23-Jul-24	9-Sep-24	20-Aug-24				28
923	2407420814	SNAP	23-Jul-24	13-Sep-24	20-Aug-24				28
924	2407421261	SNAP	24-Jul-24	16-Sep-24	21-Aug-24				28
925	2407422355	SNAP	29-Jul-24	27-Sep-24	26-Aug-24				28
926	2407422697	SNAP	30-Jul-24	30-Sep-24	27-Aug-24				28
927	2408426941	SNAP	7-Aug-24	7-Oct-24	4-Sep-24				28
928	2408429203	SNAP	16-Aug-24	15-Oct-24	13-Sep-24				28

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
929	2408430028	SNAP	20-Aug-24	21-Oct-24	17-Sep-24				28
930	2408430031	SNAP	20-Aug-24	21-Oct-24	17-Sep-24				28
931	2408430093	SNAP	20-Aug-24	21-Oct-24	17-Sep-24				28
932	2408430139	SNAP	20-Aug-24	21-Oct-24	17-Sep-24				28
933	2408430140	SNAP	20-Aug-24	21-Oct-24	17-Sep-24				28
934	2408430179	SNAP	20-Aug-24	21-Oct-24	17-Sep-24				28
935	2408430188	SNAP	20-Aug-24	21-Oct-24	17-Sep-24				28
936	2408430196	SNAP	20-Aug-24	21-Oct-24	17-Sep-24				28
937	2408430405	SNAP	21-Aug-24	21-Oct-24	18-Sep-24				28
938	2408430412	SNAP	21-Aug-24	21-Oct-24	18-Sep-24				28
939	2408430505	SNAP	21-Aug-24	21-Oct-24	18-Sep-24				28
940	2408430608	SNAP	21-Aug-24	21-Oct-24	18-Sep-24				28
941	2408430641	SNAP	21-Aug-24	20-Oct-24	18-Sep-24				28
942	2408430712	SNAP	22-Aug-24	21-Oct-24	19-Sep-24				28
943	2408430824	SNAP	22-Aug-24	21-Oct-24	19-Sep-24				28
944	2408430898	SNAP	22-Aug-24	21-Oct-24	19-Sep-24				28
945	2407421953	SNAP	26-Jul-24	26-Aug-24	22-Aug-24				27
946	2407423516	SNAP	31-Jul-24	30-Sep-24	27-Aug-24				27
947	2407423541	SNAP	31-Jul-24	23-Sep-24	27-Aug-24				27
948	2408430483	SNAP	21-Aug-24	21-Oct-24	17-Sep-24				27
949	2408430705	SNAP	22-Aug-24	21-Oct-24	18-Sep-24				27
950	2408430744	SNAP	22-Aug-24	21-Oct-24	18-Sep-24				27
951	2408430746	SNAP	22-Aug-24	21-Oct-24	18-Sep-24				27
952	2408430816	SNAP	22-Aug-24	21-Oct-24	18-Sep-24				27
953	2408430921	SNAP	22-Aug-24	22-Oct-24	18-Sep-24				27
954	2408430972	SNAP	23-Aug-24	22-Oct-24	19-Sep-24				27
955	2408431084	SNAP	23-Aug-24	22-Oct-24	19-Sep-24				27
956	2408431699	SNAP	27-Aug-24	28-Oct-24	23-Sep-24				27
957	2407423838	SNAP	31-Jul-24	30-Sep-24	26-Aug-24				26
958	2408427460	SNAP	9-Aug-24	8-Oct-24	4-Sep-24				26

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
959	2408431136	SNAP	23-Aug-24	22-Oct-24	18-Sep-24				26
960	2408431150	SNAP	23-Aug-24	22-Oct-24	18-Sep-24				26
961	2408431854	SNAP	28-Aug-24	28-Oct-24	23-Sep-24				26
962	2408432037	SNAP	28-Aug-24	28-Oct-24	23-Sep-24				26
963	2408429083	SNAP	16-Aug-24	15-Oct-24	10-Sep-24				25
964	2408431237	SNAP	26-Aug-24	25-Oct-24	20-Sep-24				25
965	2408431278	SNAP	26-Aug-24	25-Oct-24	20-Sep-24				25
966	2408431347	SNAP	26-Aug-24	25-Oct-24	20-Sep-24				25
967	2408431392	SNAP	26-Aug-24	25-Oct-24	20-Sep-24				25
968	2408432141	SNAP	29-Aug-24	28-Oct-24	23-Sep-24				25
969	2408432538	SNAP	30-Aug-24	29-Oct-24	24-Sep-24				25
970	2408430001	SNAP	19-Aug-24	21-Oct-24	12-Sep-24				24
971	2408431350	SNAP	26-Aug-24	25-Oct-24	19-Sep-24				24
972	2408431667	SNAP	27-Aug-24	28-Oct-24	20-Sep-24				24
973	2408431780	SNAP	27-Aug-24	28-Oct-24	20-Sep-24				24
974	2409433628	SNAP	6-Sep-24	5-Nov-24	30-Sep-24				24
975	2407418318	SNAP	17-Jul-24	16-Sep-24	9-Aug-24				23
976	2407420896	SNAP	24-Jul-24	23-Sep-24	16-Aug-24				23
977	2407422856	SNAP	30-Jul-24	30-Sep-24	22-Aug-24				23
978	2408431562	SNAP	27-Aug-24	28-Oct-24	19-Sep-24				23
979	2408431884	SNAP	28-Aug-24	28-Oct-24	20-Sep-24				23
980	2408431895	SNAP	28-Aug-24	28-Oct-24	20-Sep-24				23
981	2408432009	SNAP	28-Aug-24	28-Oct-24	20-Sep-24				23
982	2409436255	SNAP	17-Sep-24	18-Nov-24	10-Oct-24				23
983	2407421257	SNAP	24-Jul-24	16-Sep-24	15-Aug-24				22
984	2407423595	SNAP	31-Jul-24	23-Sep-24	22-Aug-24				22
985	2407423661	SNAP	31-Jul-24	20-Sep-24	22-Aug-24				22
986	2408426783	SNAP	7-Aug-24	7-Oct-24	29-Aug-24				22
987	2408427243	SNAP	8-Aug-24	7-Oct-24	30-Aug-24				22
988	2408427899	SNAP	12-Aug-24	30-Sep-24	3-Sep-24				22

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
989	2408428443	SNAP	14-Aug-24	14-Oct-24	5-Sep-24				22
990	2408431634	SNAP	27-Aug-24	11-Oct-24	18-Sep-24				22
991	2408431940	SNAP	28-Aug-24	28-Oct-24	19-Sep-24				22
992	2408432100	SNAP	29-Aug-24	28-Oct-24	20-Sep-24				22
993	2408432297	SNAP	29-Aug-24	29-Oct-24	20-Sep-24				22
994	2409432921	SNAP	3-Sep-24	4-Nov-24	25-Sep-24				22
995	2405396316	SNAP	15-May-24	15-Jul-24	5-Jun-24				21
996	2405400253	SNAP	28-May-24	29-Jul-24	18-Jun-24				21
997	2406405331	SNAP	10-Jun-24	28-May-24	1-Jul-24				21
998	2408431495	SNAP	27-Aug-24	28-Oct-24	17-Sep-24				21
999	2408431623	SNAP	27-Aug-24	28-Oct-24	17-Sep-24				21
1000	2408431822	SNAP	28-Aug-24	11-Oct-24	18-Sep-24				21
1001	2409432619	SNAP	3-Sep-24	4-Nov-24	24-Sep-24				21
1002	2409432692	SNAP	3-Sep-24	4-Nov-24	24-Sep-24				21
1003	2409432737	SNAP	3-Sep-24	4-Nov-24	24-Sep-24				21
1004	2409432777	SNAP	3-Sep-24	4-Nov-24	24-Sep-24				21
1005	2409432861	SNAP	3-Sep-24	4-Nov-24	24-Sep-24				21
1006	2409432878	SNAP	3-Sep-24	4-Nov-24	24-Sep-24				21
1007	2409432907	SNAP	3-Sep-24	4-Nov-24	24-Sep-24				21
1008	2409432934	SNAP	4-Sep-24	4-Nov-24	25-Sep-24				21
1009	2409432974	SNAP	4-Sep-24	4-Nov-24	25-Sep-24				21
1010	2409433098	SNAP	4-Sep-24	4-Nov-24	25-Sep-24				21
1011	2409433274	SNAP	4-Sep-24	4-Nov-24	25-Sep-24				21
1012	2409435362	SNAP	12-Sep-24	28-Oct-24	3-Oct-24				21
1013	2406404995	SNAP	7-Jun-24	29-Jul-24	27-Jun-24				20
1014	2408430983	SNAP	23-Aug-24	7-Oct-24	12-Sep-24				20
1015	2408431673	SNAP	27-Aug-24	11-Oct-24	16-Sep-24				20
1016	2409432769	SNAP	3-Sep-24	4-Nov-24	23-Sep-24				20
1017	2409433280	SNAP	4-Sep-24	4-Nov-24	24-Sep-24				20
1018	2409433294	SNAP	5-Sep-24	4-Nov-24	25-Sep-24				20

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
1019	2409433386	SNAP	5-Sep-24	4-Nov-24	25-Sep-24				20
1020	2409433391	SNAP	5-Sep-24	4-Nov-24	25-Sep-24				20
1021	2409433480	SNAP	5-Sep-24	4-Nov-24	25-Sep-24				20
1022	2409433522	SNAP	5-Sep-24	4-Nov-24	25-Sep-24				20
1023	2409433597	SNAP	5-Sep-24	5-Nov-24	25-Sep-24				20
1024	2409433848	SNAP	6-Sep-24	5-Nov-24	26-Sep-24				20
1025	2408432149	SNAP	29-Aug-24	14-Oct-24	17-Sep-24				19
1026	2408432184	SNAP	29-Aug-24	11-Oct-24	17-Sep-24				19
1027	2409433622	SNAP	6-Sep-24	5-Nov-24	25-Sep-24				19
1028	2409433625	SNAP	6-Sep-24	5-Nov-24	25-Sep-24				19
1029	2409433728	SNAP	6-Sep-24	5-Nov-24	25-Sep-24				19
1030	2409433730	SNAP	6-Sep-24	5-Nov-24	25-Sep-24				19
1031	2409435053	SNAP	11-Sep-24	12-Nov-24	30-Sep-24				19
1032	2409435082	SNAP	11-Sep-24	12-Nov-24	30-Sep-24				19
1033	2407419553	SNAP	22-Jul-24	20-Sep-24	9-Aug-24				18
1034	2409433344	SNAP	5-Sep-24	4-Nov-24	23-Sep-24				18
1035	2409433451	SNAP	5-Sep-24	4-Nov-24	23-Sep-24				18
1036	2409433799	SNAP	6-Sep-24	5-Nov-24	24-Sep-24				18
1037	2409434281	SNAP	9-Sep-24	12-Nov-24	27-Sep-24				18
1038	2409434282	SNAP	9-Sep-24	12-Nov-24	27-Sep-24				18
1039	2409434335	SNAP	9-Sep-24	12-Nov-24	27-Sep-24				18
1040	2409435217	SNAP	12-Sep-24	12-Nov-24	30-Sep-24				18
1041	2409435343	SNAP	12-Sep-24	12-Nov-24	30-Sep-24				18
1042	2409432915	SNAP	3-Sep-24	4-Nov-24	20-Sep-24				17
1043	2409432917	SNAP	3-Sep-24	4-Nov-24	20-Sep-24				17
1044	2409433720	SNAP	6-Sep-24	5-Nov-24	23-Sep-24				17
1045	2409434215	SNAP	9-Sep-24	8-Nov-24	26-Sep-24				17
1046	2409434524	SNAP	10-Sep-24	12-Nov-24	27-Sep-24				17
1047	2409434634	SNAP	10-Sep-24	12-Nov-24	27-Sep-24				17
1048	2409434680	SNAP	10-Sep-24	12-Nov-24	27-Sep-24				17

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
1049	2409434692	SNAP	10-Sep-24	12-Nov-24	27-Sep-24				17
1050	2409435554	SNAP	13-Sep-24	12-Nov-24	30-Sep-24				17
1051	2409435571	SNAP	13-Sep-24	12-Nov-24	30-Sep-24				17
1052	2408426997	SNAP	7-Aug-24	7-Oct-24	23-Aug-24				16
1053	2408428082	SNAP	13-Aug-24	14-Oct-24	29-Aug-24				16
1054	2408428221	SNAP	13-Aug-24	14-Oct-24	29-Aug-24				16
1055	2408428235	SNAP	13-Aug-24	14-Oct-24	29-Aug-24				16
1056	2408428376	SNAP	13-Aug-24	14-Oct-24	29-Aug-24				16
1057	2408428540	SNAP	14-Aug-24	14-Oct-24	30-Aug-24				16
1058	2409432849	SNAP	3-Sep-24	4-Nov-24	19-Sep-24				16
1059	2409434121	SNAP	9-Sep-24	8-Nov-24	25-Sep-24				16
1060	2409434245	SNAP	9-Sep-24	8-Nov-24	25-Sep-24				16
1061	2409434676	SNAP	10-Sep-24	12-Nov-24	26-Sep-24				16
1062	2409434777	SNAP	11-Sep-24	12-Nov-24	27-Sep-24				16
1063	2409434921	SNAP	11-Sep-24	12-Nov-24	27-Sep-24				16
1064	2409434960	SNAP	11-Sep-24	12-Nov-24	27-Sep-24				16
1065	2407423485	SNAP	31-Jul-24	30-Sep-24	15-Aug-24				15
1066	2409434334	SNAP	9-Sep-24	12-Nov-24	24-Sep-24				15
1067	2409435061	SNAP	11-Sep-24	12-Nov-24	26-Sep-24				15
1068	2409435122	SNAP	12-Sep-24	12-Nov-24	27-Sep-24				15
1069	2409435218	SNAP	12-Sep-24	12-Nov-24	27-Sep-24				15
1070	2408424914	SNAP	5-Aug-24	4-Oct-24	19-Aug-24				14
1071	2408425294	SNAP	6-Aug-24	7-Oct-24	20-Aug-24				14
1072	2409433841	SNAP	6-Sep-24	22-Oct-24	20-Sep-24				14
1073	2409433938	SNAP	9-Sep-24	8-Nov-24	23-Sep-24				14
1074	2409434345	SNAP	10-Sep-24	12-Nov-24	24-Sep-24				14
1075	2409434666	SNAP	10-Sep-24	12-Nov-24	24-Sep-24				14
1076	2409434700	SNAP	10-Sep-24	12-Nov-24	24-Sep-24				14
1077	2409434900	SNAP	11-Sep-24	12-Nov-24	25-Sep-24				14
1078	2409435626	SNAP	13-Sep-24	12-Nov-24	27-Sep-24				14

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
1079	2409435754	SNAP	16-Sep-24	15-Nov-24	30-Sep-24				14
1080	2409435774	SNAP	16-Sep-24	15-Nov-24	30-Sep-24				14
1081	2409435949	SNAP	16-Sep-24	15-Nov-24	30-Sep-24				14
1082	2409436057	SNAP	16-Sep-24	18-Nov-24	30-Sep-24				14
1083	2408428827	SNAP	15-Aug-24	14-Oct-24	28-Aug-24				13
1084	2409434401	SNAP	10-Sep-24	28-Oct-24	23-Sep-24				13
1085	2409434443	SNAP	10-Sep-24	9-Sep-24	23-Sep-24				13
1086	2409434462	SNAP	10-Sep-24	12-Nov-24	23-Sep-24				13
1087	2409434825	SNAP	11-Sep-24	12-Nov-24	24-Sep-24				13
1088	2409434854	SNAP	11-Sep-24	4-Nov-24	24-Sep-24				13
1089	2409434860	SNAP	11-Sep-24	12-Nov-24	24-Sep-24				13
1090	2409435474	SNAP	13-Sep-24	12-Nov-24	26-Sep-24				13
1091	2409435658	SNAP	13-Sep-24	12-Nov-24	26-Sep-24				13
1092	2409435077	SNAP	11-Sep-24	12-Nov-24	23-Sep-24				12
1093	2409435269	SNAP	12-Sep-24	28-Oct-24	24-Sep-24				12
1094	2409435529	SNAP	13-Sep-24	4-Nov-24	25-Sep-24				12
1095	2409436520	SNAP	18-Sep-24	18-Nov-24	30-Sep-24				12
1096	2409436608	SNAP	18-Sep-24	18-Nov-24	30-Sep-24				12
1097	2409436696	SNAP	18-Sep-24	18-Nov-24	30-Sep-24				12
1098	2409436702	SNAP	18-Sep-24	18-Nov-24	30-Sep-24				12
1099	2409436734	SNAP	18-Sep-24	17-Nov-24	30-Sep-24				12
1100	2409436759	SNAP	18-Sep-24	18-Nov-24	30-Sep-24				12
1101	2409433976	SNAP	9-Sep-24	22-Oct-24	20-Sep-24				11
1102	2409434216	SNAP	9-Sep-24	25-Oct-24	20-Sep-24				11
1103	2409435721	SNAP	13-Sep-24	15-Nov-24	24-Sep-24				11
1104	2409435909	SNAP	16-Sep-24	15-Nov-24	27-Sep-24				11
1105	2409435919	SNAP	16-Sep-24	15-Nov-24	27-Sep-24				11
1106	2409435947	SNAP	16-Sep-24	15-Nov-24	27-Sep-24				11
1107	2409435961	SNAP	16-Sep-24	15-Nov-24	27-Sep-24				11
1108	2409436017	SNAP	16-Sep-24	18-Nov-24	27-Sep-24				11

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
1109	2409436796	SNAP	19-Sep-24	18-Nov-24	30-Sep-24				11
1110	2409437060	SNAP	19-Sep-24	19-Nov-24	30-Sep-24				11
1111	2409432842	SNAP	3-Sep-24	4-Nov-24	13-Sep-24				10
1112	2409435656	SNAP	13-Sep-24	4-Nov-24	23-Sep-24				10
1113	2409435842	SNAP	16-Sep-24	15-Nov-24	26-Sep-24				10
1114	2409435874	SNAP	16-Sep-24	15-Nov-24	26-Sep-24				10
1115	2409435934	SNAP	16-Sep-24	15-Nov-24	26-Sep-24				10
1116	2409435955	SNAP	16-Sep-24	15-Nov-24	26-Sep-24				10
1117	2409436015	SNAP	16-Sep-24	18-Nov-24	26-Sep-24				10
1118	2409436016	SNAP	16-Sep-24	18-Nov-24	26-Sep-24				10
1119	2409436137	SNAP	17-Sep-24	18-Nov-24	27-Sep-24				10
1120	2409436156	SNAP	17-Sep-24	18-Nov-24	27-Sep-24				10
1121	2409436215	SNAP	17-Sep-24	18-Nov-24	27-Sep-24				10
1122	2409436243	SNAP	17-Sep-24	18-Nov-24	27-Sep-24				10
1123	2409436292	SNAP	17-Sep-24	18-Nov-24	27-Sep-24				10
1124	2409436296	SNAP	17-Sep-24	18-Nov-24	27-Sep-24				10
1125	2409436299	SNAP	17-Sep-24	18-Nov-24	27-Sep-24				10
1126	2409436367	SNAP	17-Sep-24	18-Nov-24	27-Sep-24				10
1127	2409436060	SNAP	17-Sep-24	18-Nov-24	26-Sep-24				9
1128	2409436064	SNAP	17-Sep-24	18-Nov-24	26-Sep-24				9
1129	2409436095	SNAP	17-Sep-24	18-Nov-24	26-Sep-24				9
1130	2409436174	SNAP	17-Sep-24	18-Nov-24	26-Sep-24				9
1131	2409436384	SNAP	17-Sep-24	18-Nov-24	26-Sep-24				9
1132	2409436475	SNAP	18-Sep-24	18-Nov-24	27-Sep-24				9
1133	2406404493	SNAP	6-Jun-24	29-Jul-24	14-Jun-24				8
1134	2409436700	SNAP	18-Sep-24	4-Nov-24	26-Sep-24				8
1135	2409435811	SNAP	16-Sep-24	28-Oct-24	23-Sep-24				7
1136	2409436583	SNAP	18-Sep-24	8-Nov-24	25-Sep-24				7
1137	2409437235	SNAP	20-Sep-24	12-Nov-24	27-Sep-24				7
1138	2409437579	SNAP	23-Sep-24	25-Nov-24	30-Sep-24				7

	APPEAL TRACKING NUMBER	PROGRAM	APPEAL FILED DATE	Process Due Date	NOT ACCEPTED DATE	NOT TIMELY DATE	RESOLUTION W/O WD DATE	Agreed Order of Withdrawal DATE	DAYS TO COMPLETE
1139	2409434268	SNAP	9-Sep-24	21-Oct-24	12-Sep-24				3
1140	2409437798	SNAP	24-Sep-24	19-Nov-24	27-Sep-24				3
1141	2409437979	SNAP	27-Sep-24	12-Nov-24	30-Sep-24				3
1142	2409434690	SNAP	10-Sep-24	12-Nov-24	12-Sep-24				2
1143	2409434799	SNAP	11-Sep-24	12-Nov-24	13-Sep-24				2
1144	2409437966	SNAP	25-Sep-24	19-Nov-24	27-Sep-24				2
1145	2406406255	SNAP	13-Jun-24	2-Aug-24	14-Jun-24				1
1146	2406409460	SNAP	25-Jun-24	26-Aug-24	26-Jun-24				1
1147	2408431924	SNAP	28-Aug-24	8-Oct-24	29-Aug-24				1
1148	2408431951	SNAP	28-Aug-24	11-Oct-24	29-Aug-24				1
1149	2409438254	SNAP	26-Sep-24	22-Nov-24	27-Sep-24				0
1150									

P-Ex. 27

TJC Sorted Spreadsheet from DHS Produced "FAIR HEARINGS 6.1.24 TO 10.14.24" (P-Ex 22A)							
	APPEAL NUMBER	PROGRAM	HEARING DATE	FIRST IO DATE	APPEAL FILED DATE	DAYS TO DISPOSITION	DAYS FROM HEARING DATE TO ORDER DATE
1	240138914	SNAP	8-Oct-24	9-Oct-24	16-Jan-24	266	1
2	2401339603	SNAP	7-Oct-24	11-Oct-24	17-Jan-24	264	4
3	240138891	SNAP	4-Oct-24	7-Oct-24	16-Jan-24	262	3
4	2401339889	SNAP	4-Oct-24	7-Oct-24	18-Jan-24	260	3
5	2401340051	SNAP	4-Oct-24	8-Oct-24	18-Jan-24	260	4
6	2401342620	SNAP	7-Oct-24	9-Oct-24	24-Jan-24	257	2
7	2407421858	SNAP	8-Oct-24	11-Oct-24	25-Jan-24	257	3
8	2401339870	SNAP	30-Sep-24	8-Oct-24	18-Jan-24	256	8
9	2401340632	SNAP	1-Oct-24	2-Oct-24	19-Jan-24	256	1
10	2401342551	SNAP	4-Oct-24	8-Oct-24	24-Jan-24	254	4
11	2401346317	SNAP	10-Oct-24	11-Oct-24	31-Jan-24	253	1
12	2401334280	SNAP	6-Sep-24	18-Sep-24	4-Jan-24	246	12
13	2401346566	SNAP	4-Oct-24	8-Oct-24	1-Feb-24	246	4
14	2402347680	SNAP	4-Oct-24	8-Oct-24	2-Feb-24	245	4
15	2402349415	SNAP	7-Oct-24	9-Oct-24	6-Feb-24	244	2
16	2402350261	SNAP	7-Oct-24	8-Oct-24	7-Feb-24	243	1
17	2402354597	SNAP	10-Oct-24	11-Oct-24	15-Feb-24	238	1
18	2402353258	SNAP	7-Oct-24	9-Oct-24	13-Feb-24	237	2
19	2402354631	SNAP	7-Oct-24	9-Oct-24	14-Feb-24	236	2
20	2404378701	SNAP	3-Sep-24	4-Sep-24	11-Jan-24	236	1
21	2402355664	SNAP	7-Oct-24	8-Oct-24	16-Feb-24	234	1
22	2402355834	SNAP	7-Oct-24	8-Oct-24	16-Feb-24	234	1
23	2402354279	SNAP	4-Oct-24	7-Oct-24	14-Feb-24	233	3
24	2402356083	SNAP	10-Oct-24	11-Oct-24	20-Feb-24	233	1
25	2402357034	SNAP	10-Oct-24	11-Oct-24	21-Feb-24	232	1
26	2402357402	SNAP	10-Oct-24	11-Oct-24	21-Feb-24	232	1

27	2404373134	SNAP	30-Aug-24	3-Sep-24	11-Jan-24	232	4
28	2402351799	SNAP	27-Sep-24	30-Sep-24	9-Feb-24	231	3
29	2402352780	SNAP	30-Sep-24	1-Oct-24	12-Feb-24	231	1
30	2402353556	SNAP	1-Oct-24	7-Oct-24	13-Feb-24	231	6
31	2402357423	SNAP	10-Oct-24	11-Oct-24	22-Feb-24	231	1
32	2403369684	SNAP	1-Oct-24	10-Oct-24	13-Feb-24	231	9
33	2402352194	SNAP	26-Sep-24	27-Sep-24	9-Feb-24	230	1
34	2402353245	SNAP	30-Sep-24	1-Oct-24	13-Feb-24	230	1
35	2402355638	SNAP	3-Oct-24	11-Oct-24	16-Feb-24	230	8
36	2402357374	SNAP	7-Oct-24	9-Oct-24	21-Feb-24	229	2
37	2402352155	SNAP	24-Sep-24	1-Oct-24	9-Feb-24	228	7
38	2402357833	SNAP	7-Oct-24	9-Oct-24	22-Feb-24	228	2
39	2402357835	SNAP	7-Oct-24	9-Oct-24	22-Feb-24	228	2
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41	2402352395	SNAP	23-Sep-24	24-Sep-24	9-Feb-24	227	1
42	2402359195	SNAP	10-Oct-24	11-Oct-24	26-Feb-24	227	1
43	2402352943	SNAP	25-Sep-24	26-Sep-24	12-Feb-24	226	1
44	2402359496	SNAP	10-Oct-24	11-Oct-24	27-Feb-24	226	1
45	2402359698	SNAP	10-Oct-24	11-Oct-24	27-Feb-24	226	1
46	2402359834	SNAP	10-Oct-24	11-Oct-24	27-Feb-24	226	1
47	2402359973	SNAP	10-Oct-24	11-Oct-24	27-Feb-24	226	1
48	2402359995	SNAP	10-Oct-24	11-Oct-24	27-Feb-24	226	1
49	2402359035	SNAP	8-Oct-24	9-Oct-24	26-Feb-24	225	1
50	2402359316	SNAP	8-Oct-24	9-Oct-24	26-Feb-24	225	1
51	2402360433	SNAP	10-Oct-24	11-Oct-24	28-Feb-24	225	1
52	2402357439	SNAP	3-Oct-24	4-Oct-24	22-Feb-24	224	1
53	2402358914	SNAP	7-Oct-24	8-Oct-24	26-Feb-24	224	1
54	2402361556	SNAP	10-Oct-24	14-Oct-24	29-Feb-24	224	4
55	2402353338	SNAP	23-Sep-24	24-Sep-24	13-Feb-24	223	1
56	2402359478	SNAP	7-Oct-24	9-Oct-24	27-Feb-24	223	2
57	2402359596	SNAP	7-Oct-24	9-Oct-24	27-Feb-24	223	2
58	2402359654	SNAP	7-Oct-24	8-Oct-24	27-Feb-24	223	1
59	2402359876	SNAP	7-Oct-24	8-Oct-24	27-Feb-24	223	1

60	2402359902	SNAP	7-Oct-24	8-Oct-24	27-Feb-24	223	1
61	2402360244	SNAP	7-Oct-24	8-Oct-24	27-Feb-24	223	1
62	2402360914	SNAP	8-Oct-24	9-Oct-24	28-Feb-24	223	1
63	2403361815	SNAP	10-Oct-24	11-Oct-24	1-Mar-24	223	1
64	2403361817	SNAP	10-Oct-24	11-Oct-24	1-Mar-24	223	1
65	2403361820	SNAP	10-Oct-24	11-Oct-24	1-Mar-24	223	1
66	2403361895	SNAP	10-Oct-24	11-Oct-24	1-Mar-24	223	1
67	2402360278	SNAP	7-Oct-24	8-Oct-24	28-Feb-24	222	1
68	2402361533	SNAP	8-Oct-24	9-Oct-24	29-Feb-24	222	1
69	2402355235	SNAP	23-Sep-24	24-Sep-24	15-Feb-24	221	1
70	2402357915	SNAP	30-Sep-24	3-Oct-24	22-Feb-24	221	3
71	2402361025	SNAP	7-Oct-24	9-Oct-24	29-Feb-24	221	2
72	2402356216	SNAP	27-Sep-24	30-Sep-24	20-Feb-24	220	3
73	2402360245	SNAP	4-Oct-24	7-Oct-24	27-Feb-24	220	3
74	2402361566	SNAP	7-Oct-24	9-Oct-24	1-Mar-24	220	2
75	2402361573	SNAP	7-Oct-24	9-Oct-24	1-Mar-24	220	2
76	2401339379	SNAP	23-Aug-24	26-Aug-24	17-Jan-24	219	3
77	2402349315	SNAP	12-Sep-24	20-Sep-24	6-Feb-24	219	8
78	2403363357	SNAP	10-Oct-24	11-Oct-24	5-Mar-24	219	1
79	2403366203	SNAP	4-Oct-24	7-Oct-24	28-Feb-24	219	3
80	2402353773	SNAP	18-Sep-24	19-Sep-24	13-Feb-24	218	1
81	2402354176	SNAP	19-Sep-24	20-Sep-24	14-Feb-24	218	1
82	2402354417	SNAP	19-Sep-24	20-Sep-24	14-Feb-24	218	1
83	2403363813	SNAP	10-Oct-24	11-Oct-24	6-Mar-24	218	1
84	2402359174	SNAP	30-Sep-24	7-Oct-24	26-Feb-24	217	7
85	2403362333	SNAP	7-Oct-24	9-Oct-24	4-Mar-24	217	2
86	2403362795	SNAP	8-Oct-24	9-Oct-24	5-Mar-24	217	1
87	2403362797	SNAP	8-Oct-24	9-Oct-24	5-Mar-24	217	1
88	2403364753	SNAP	10-Oct-24	11-Oct-24	7-Mar-24	217	1
89	2403362760	SNAP	7-Oct-24	8-Oct-24	5-Mar-24	216	1
90	2403362934	SNAP	7-Oct-24	8-Oct-24	5-Mar-24	216	1
91	2403363672	SNAP	8-Oct-24	9-Oct-24	6-Mar-24	216	1
92	2403363875	SNAP	8-Oct-24	9-Oct-24	6-Mar-24	216	1

93	2403365253	SNAP	10-Oct-24	11-Oct-24	8-Mar-24	216	1
94	2403365477	SNAP	10-Oct-24	11-Oct-24	8-Mar-24	216	1
95	2402347679	SNAP	3-Sep-24	4-Sep-24	1-Feb-24	215	1
96	2403364613	SNAP	8-Oct-24	9-Oct-24	7-Mar-24	215	1
97	2403364854	SNAP	30-Sep-24	1-Oct-24	28-Feb-24	215	1
98	2402361454	SNAP	30-Sep-24	8-Oct-24	29-Feb-24	214	8
99	2403364989	SNAP	8-Oct-24	9-Oct-24	8-Mar-24	214	1
100	2404380633	SNAP	3-Sep-24	4-Sep-24	2-Feb-24	214	1
101	2401345815	SNAP	30-Aug-24	3-Sep-24	30-Jan-24	213	4
102	2403362763	SNAP	4-Oct-24	8-Oct-24	5-Mar-24	213	4
103	2406402433	SNAP	2-Aug-24	5-Aug-24	2-Jan-24	213	3
104	2402350457	SNAP	6-Sep-24	10-Sep-24	7-Feb-24	212	4
105	2402350679	SNAP	6-Sep-24	10-Sep-24	7-Feb-24	212	4
106	2402348721	SNAP	3-Sep-24	4-Sep-24	5-Feb-24	211	1
107	2403367220	SNAP	10-Oct-24	11-Oct-24	13-Mar-24	211	1
108	2402349204	SNAP	3-Sep-24	4-Sep-24	6-Feb-24	210	1
109	2402349684	SNAP	3-Sep-24	4-Sep-24	6-Feb-24	210	1
110	2402355173	SNAP	12-Sep-24	30-Sep-24	15-Feb-24	210	18
111	2403365934	SNAP	7-Oct-24	11-Oct-24	11-Mar-24	210	4
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113	2404373453	SNAP	28-Aug-24	29-Aug-24	31-Jan-24	210	1
114	2402353559	SNAP	9-Sep-24	10-Sep-24	13-Feb-24	209	1
115	2402353940	SNAP	10-Sep-24	12-Sep-24	14-Feb-24	209	2
116	2402355239	SNAP	11-Sep-24	13-Sep-24	15-Feb-24	209	2
117	2403366297	SNAP	7-Oct-24	8-Oct-24	12-Mar-24	209	1
118	2403367014	SNAP	8-Oct-24	9-Oct-24	13-Mar-24	209	1
119	240132890	SNAP	29-Jul-24	6-Aug-24	3-Jan-24	208	8
120	2401345910	SNAP	26-Aug-24	27-Aug-24	31-Jan-24	208	1
121	2401346388	SNAP	26-Aug-24	27-Aug-24	31-Jan-24	208	1
122	2402351397	SNAP	3-Sep-24	4-Sep-24	8-Feb-24	208	1
123	2402351807	SNAP	4-Sep-24	5-Sep-24	9-Feb-24	208	1
124	2402355895	SNAP	10-Sep-24	12-Sep-24	15-Feb-24	208	2
125	2403363744	SNAP	30-Sep-24	8-Oct-24	6-Mar-24	208	8

126	2403364178	SNAP	30-Sep-24	2-Oct-24	6-Mar-24	208	2
127	2404381445	SNAP	9-Sep-24	17-Sep-24	14-Feb-24	208	8
128	2401341331	SNAP	16-Aug-24	20-Aug-24	22-Jan-24	207	4
129	2401345033	SNAP	23-Aug-24	27-Aug-24	29-Jan-24	207	4
130	2401345102	SNAP	23-Aug-24	26-Aug-24	29-Jan-24	207	3
131	2401345105	SNAP	23-Aug-24	26-Aug-24	29-Jan-24	207	3
132	2401346186	SNAP	23-Aug-24	27-Aug-24	29-Jan-24	207	4
133	2402347793	SNAP	27-Aug-24	28-Aug-24	2-Feb-24	207	1
134	2403364476	SNAP	30-Sep-24	7-Oct-24	7-Mar-24	207	7
135	240134753	SNAP	29-Jul-24	5-Aug-24	5-Jan-24	206	7
136	2401340689	SNAP	12-Aug-24	13-Aug-24	19-Jan-24	206	1
137	2401340716	SNAP	12-Aug-24	13-Aug-24	19-Jan-24	206	1
138	2401345150	SNAP	23-Aug-24	27-Aug-24	30-Jan-24	206	4
139	2402353266	SNAP	6-Sep-24	9-Sep-24	13-Feb-24	206	3
140	2402353419	SNAP	6-Sep-24	9-Sep-24	13-Feb-24	206	3
141	2403365000	SNAP	30-Sep-24	10-Oct-24	8-Mar-24	206	10
142	2403366207	SNAP	4-Oct-24	7-Oct-24	12-Mar-24	206	3
143	240136032	SNAP	1-Aug-24	2-Aug-24	9-Jan-24	205	1
144	2401336255	SNAP	1-Aug-24	8-Aug-24	9-Jan-24	205	7
145	2401342511	SNAP	16-Aug-24	20-Aug-24	24-Jan-24	205	4
146	2402350493	SNAP	30-Aug-24	3-Sep-24	7-Feb-24	205	4
147	2402352715	SNAP	4-Sep-24	5-Sep-24	12-Feb-24	205	1
148	2403369054	SNAP	10-Oct-24	11-Oct-24	19-Mar-24	205	1
149	2401345137	SNAP	21-Aug-24	22-Aug-24	30-Jan-24	204	1
150	2401346257	SNAP	22-Aug-24	28-Aug-24	31-Jan-24	204	6
151	240135749	SNAP	29-Jul-24	9-Aug-24	8-Jan-24	203	11
152	2401341190	SNAP	12-Aug-24	13-Aug-24	22-Jan-24	203	1
153	2402348513	SNAP	26-Aug-24	28-Aug-24	5-Feb-24	203	2
154	2403364277	SNAP	31-Jul-24	5-Aug-24	10-Jan-24	203	5
155	2403368354	SNAP	7-Oct-24	8-Oct-24	18-Mar-24	203	1
156	2401339492	SNAP	6-Aug-24	7-Aug-24	17-Jan-24	202	1
157	2401342171	SNAP	12-Aug-24	13-Aug-24	23-Jan-24	202	1
158	2401346075	SNAP	20-Aug-24	21-Aug-24	31-Jan-24	202	1

159	2401342357	SNAP	12-Aug-24	13-Aug-24	24-Jan-24	201	1
160	2401345893	SNAP	19-Aug-24	20-Aug-24	31-Jan-24	201	1
161	2402350658	SNAP	26-Aug-24	4-Sep-24	7-Feb-24	201	9
162	2402350756	SNAP	26-Aug-24	27-Aug-24	7-Feb-24	201	1
163	2403364320	SNAP	31-Jul-24	5-Aug-24	12-Jan-24	201	5
164	240137490	SNAP	29-Jul-24	5-Aug-24	11-Jan-24	200	7
165	2401342997	SNAP	12-Aug-24	13-Aug-24	25-Jan-24	200	1
166	2402347916	SNAP	20-Aug-24	26-Aug-24	2-Feb-24	200	6
167	2402351296	SNAP	26-Aug-24	4-Sep-24	8-Feb-24	200	9
168	2402353002	SNAP	30-Aug-24	5-Sep-24	12-Feb-24	200	6
169	2403366201	SNAP	27-Sep-24	7-Oct-24	11-Mar-24	200	10
170	240139078	SNAP	2-Aug-24	5-Aug-24	16-Jan-24	199	3
171	2401343909	SNAP	12-Aug-24	13-Aug-24	26-Jan-24	199	1
172	2403363662	SNAP	26-Jul-24	29-Jul-24	9-Jan-24	199	3
173	2403367934	SNAP	30-Sep-24	1-Oct-24	15-Mar-24	199	1
174	2401346514	SNAP	16-Aug-24	23-Aug-24	31-Jan-24	198	7
175	2403366873	SNAP	27-Sep-24	1-Oct-24	13-Mar-24	198	4
176	240132953	SNAP	18-Jul-24	25-Jul-24	3-Jan-24	197	7
177	2402350153	SNAP	22-Aug-24	27-Aug-24	7-Feb-24	197	5
178	240133786	SNAP	18-Jul-24	24-Jul-24	4-Jan-24	196	6
179	2401339614	SNAP	1-Aug-24	2-Aug-24	18-Jan-24	196	1
180	2401339654	SNAP	1-Aug-24	2-Aug-24	18-Jan-24	196	1
181	2401339667	SNAP	1-Aug-24	2-Aug-24	18-Jan-24	196	1
182	2401340151	SNAP	1-Aug-24	2-Aug-24	18-Jan-24	196	1
183	2401340289	SNAP	1-Aug-24	2-Aug-24	18-Jan-24	196	1
184	2401345094	SNAP	12-Aug-24	13-Aug-24	29-Jan-24	196	1
185	2402352999	SNAP	26-Aug-24	5-Sep-24	12-Feb-24	196	10
186	2402361475	SNAP	12-Sep-24	13-Sep-24	29-Feb-24	196	1
187	240134932	SNAP	18-Jul-24	30-Jul-24	5-Jan-24	195	12
188	2401339430	SNAP	30-Jul-24	31-Jul-24	17-Jan-24	195	1
189	2401345574	SNAP	12-Aug-24	14-Aug-24	30-Jan-24	195	2
190	2402350927	SNAP	21-Aug-24	22-Aug-24	8-Feb-24	195	1
191	2403371456	SNAP	7-Oct-24	9-Oct-24	26-Mar-24	195	2

192	2406407328	SNAP	4-Sep-24	16-Sep-24	22-Feb-24	195	12
193	2401340613	SNAP	31-Jul-24	2-Aug-24	19-Jan-24	194	2
194	2402354382	SNAP	26-Aug-24	4-Sep-24	14-Feb-24	194	9
195	2403366872	SNAP	23-Sep-24	24-Sep-24	13-Mar-24	194	1
196	2403371710	SNAP	7-Oct-24	8-Oct-24	27-Mar-24	194	1
197	2403372073	SNAP	7-Oct-24	11-Oct-24	27-Mar-24	194	4
198	2401339610	SNAP	29-Jul-24	30-Jul-24	18-Jan-24	193	1
199	2401341212	SNAP	2-Aug-24	5-Aug-24	22-Jan-24	193	3
200	2403369981	SNAP	30-Sep-24	9-Oct-24	21-Mar-24	193	9
201	2403372573	SNAP	7-Oct-24	9-Oct-24	28-Mar-24	193	2
202	2401340410	SNAP	29-Jul-24	30-Jul-24	19-Jan-24	192	1
203	2401340469	SNAP	29-Jul-24	6-Aug-24	19-Jan-24	192	8
204	240135753	SNAP	17-Jul-24	18-Jul-24	9-Jan-24	190	1
205	2401343420	SNAP	2-Aug-24	6-Aug-24	25-Jan-24	190	4
206	2401345679	SNAP	7-Aug-24	8-Aug-24	30-Jan-24	190	1
207	2403366006	SNAP	17-Sep-24	18-Sep-24	11-Mar-24	190	1
208	2401342270	SNAP	31-Jul-24	5-Aug-24	24-Jan-24	189	5
209	2401341721	SNAP	29-Jul-24	2-Aug-24	23-Jan-24	188	4
210	2401342170	SNAP	29-Jul-24	31-Jul-24	23-Jan-24	188	2
211	2401342229	SNAP	29-Jul-24	30-Jul-24	23-Jan-24	188	1
212	2402357054	SNAP	27-Aug-24	3-Sep-24	21-Feb-24	188	7
213	2401333538	SNAP	8-Jul-24	10-Jul-24	3-Jan-24	187	2
214	2402350102	SNAP	12-Aug-24	14-Aug-24	7-Feb-24	187	2
215	2404374636	SNAP	8-Oct-24	9-Oct-24	4-Apr-24	187	1
216	2404375660	SNAP	7-Oct-24	8-Oct-24	3-Apr-24	187	1
217	2405392676	SNAP	24-Sep-24	1-Oct-24	21-Mar-24	187	7
218	2403363279	SNAP	6-Sep-24	17-Sep-24	5-Mar-24	185	11
219	2404375175	SNAP	7-Oct-24	8-Oct-24	5-Apr-24	185	1
220	2404375373	SNAP	7-Oct-24	8-Oct-24	5-Apr-24	185	1
221	2404373033	SNAP	2-Oct-24	3-Oct-24	1-Apr-24	184	1
222	2404372953	SNAP	1-Oct-24	3-Oct-24	1-Apr-24	183	2
223	2403365818	SNAP	29-Jul-24	6-Aug-24	29-Jan-24	182	8
224	2404375196	SNAP	4-Oct-24	8-Oct-24	5-Apr-24	182	4

225	2404375393	SNAP	4-Oct-24	7-Oct-24	5-Apr-24	182	3
226	2404376014	SNAP	7-Oct-24	10-Oct-24	8-Apr-24	182	3
227	2404378315	SNAP	11-Oct-24	14-Oct-24	12-Apr-24	182	3
228	240136971	SNAP	9-Jul-24	11-Jul-24	10-Jan-24	181	2
229	240137310	SNAP	9-Jul-24	11-Jul-24	10-Jan-24	181	2
230	2401345253	SNAP	29-Jul-24	30-Jul-24	30-Jan-24	181	1
231	2401339658	SNAP	16-Jul-24	17-Jul-24	18-Jan-24	180	1
232	2401345973	SNAP	29-Jul-24	6-Aug-24	31-Jan-24	180	8
233	2404374456	SNAP	30-Sep-24	4-Oct-24	3-Apr-24	180	4
234	2404374974	SNAP	1-Oct-24	8-Oct-24	4-Apr-24	180	7
235	2404375206	SNAP	19-Aug-24	29-Aug-24	21-Feb-24	180	10
236	2404380933	SNAP	7-Oct-24	9-Oct-24	10-Apr-24	180	2
237	240135607	SNAP	5-Jul-24	15-Jul-24	8-Jan-24	179	10
238	240138032	SNAP	9-Jul-24	10-Jul-24	12-Jan-24	179	1
239	240138041	SNAP	9-Jul-24	11-Jul-24	12-Jan-24	179	2
240	2403361656	SNAP	27-Aug-24	29-Aug-24	1-Mar-24	179	2
241	2404374965	SNAP	30-Sep-24	9-Oct-24	4-Apr-24	179	9
242	240138630	SNAP	12-Jul-24	15-Jul-24	16-Jan-24	178	3
243	2404376356	SNAP	4-Oct-24	14-Oct-24	9-Apr-24	178	10
244	2404379053	SNAP	11-Oct-24	14-Oct-24	16-Apr-24	178	3
245	2402348634	SNAP	31-Jul-24	16-Aug-24	5-Feb-24	177	16
246	240137635	SNAP	5-Jul-24	18-Jul-24	11-Jan-24	176	13
247	2402351295	SNAP	2-Aug-24	5-Aug-24	8-Feb-24	176	3
248	2403363496	SNAP	28-Aug-24	30-Aug-24	5-Mar-24	176	2
249	2403364937	SNAP	24-Jul-24	31-Jul-24	30-Jan-24	176	7
250	2403368453	SNAP	10-Sep-24	12-Sep-24	18-Mar-24	176	2
251	2405391439	SNAP	24-Sep-24	25-Sep-24	1-Apr-24	176	1
252	2402353208	SNAP	5-Aug-24	7-Aug-24	12-Feb-24	175	2
253	2403371699	SNAP	18-Sep-24	19-Sep-24	27-Mar-24	175	1
254	2403372133	SNAP	18-Sep-24	19-Sep-24	27-Mar-24	175	1
255	2404373534	SNAP	24-Sep-24	3-Oct-24	2-Apr-24	175	9
256	2404376553	SNAP	1-Oct-24	2-Oct-24	9-Apr-24	175	1
257	2402352434	SNAP	31-Jul-24	6-Aug-24	8-Feb-24	174	6

258	2403366001	SNAP	5-Aug-24	6-Aug-24	13-Feb-24	174	1
259	2403366937	SNAP	3-Sep-24	5-Sep-24	13-Mar-24	174	2
260	2403368958	SNAP	9-Sep-24	10-Sep-24	19-Mar-24	174	1
261	2403368975	SNAP	9-Sep-24	20-Sep-24	19-Mar-24	174	11
262	2403370073	SNAP	9-Sep-24	10-Sep-24	19-Mar-24	174	1
263	2403370414	SNAP	11-Sep-24	19-Sep-24	22-Mar-24	173	8
264	2404379735	SNAP	7-Oct-24	8-Oct-24	17-Apr-24	173	1
265	2404380173	SNAP	11-Sep-24	12-Sep-24	22-Mar-24	173	1
266	2404372893	SNAP	16-Aug-24	19-Aug-24	26-Feb-24	172	3
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268	2404378914	SNAP	4-Oct-24	11-Oct-24	15-Apr-24	172	7
269	2402352353	SNAP	29-Jul-24	8-Aug-24	9-Feb-24	171	10
270	2404378215	SNAP	30-Sep-24	4-Oct-24	12-Apr-24	171	4
271	2404378299	SNAP	30-Sep-24	11-Oct-24	12-Apr-24	171	11
272	240135432	SNAP	26-Jun-24	27-Jun-24	8-Jan-24	170	1
273	240135577	SNAP	26-Jun-24	27-Jun-24	8-Jan-24	170	1
274	2402358694	SNAP	18-Jul-24	19-Jul-24	30-Jan-24	170	1
275	2403370898	SNAP	11-Sep-24	17-Sep-24	25-Mar-24	170	6
276	2404372794	SNAP	15-Aug-24	16-Aug-24	27-Feb-24	170	1
277	2402350925	SNAP	25-Jul-24	26-Jul-24	7-Feb-24	169	1
278	2403364573	SNAP	23-Aug-24	27-Aug-24	7-Mar-24	169	4
279	2403371373	SNAP	11-Sep-24	12-Sep-24	26-Mar-24	169	1
280	2404384733	SNAP	4-Oct-24	11-Oct-24	18-Apr-24	169	7
281	2403365078	SNAP	23-Aug-24	27-Aug-24	8-Mar-24	168	4
282	2403365274	SNAP	23-Aug-24	27-Aug-24	8-Mar-24	168	4
283	2403365456	SNAP	23-Aug-24	26-Aug-24	8-Mar-24	168	3
284	2403370654	SNAP	9-Sep-24	13-Sep-24	25-Mar-24	168	4
285	2403371754	SNAP	11-Sep-24	16-Sep-24	27-Mar-24	168	5
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287	2402352570	SNAP	25-Jul-24	2-Aug-24	9-Feb-24	167	8
288	2402353955	SNAP	29-Jul-24	20-Aug-24	13-Feb-24	167	22
289	2403364033	SNAP	5-Aug-24	6-Aug-24	20-Feb-24	167	1
290	2403369482	SNAP	3-Sep-24	5-Sep-24	20-Mar-24	167	2

291	2404382917	SNAP	7-Oct-24	11-Oct-24	23-Apr-24	167	4
292	2404382995	SNAP	7-Oct-24	9-Oct-24	23-Apr-24	167	2
293	2401344693	SNAP	12-Jul-24	18-Jul-24	29-Jan-24	165	6
294	2401344813	SNAP	12-Jul-24	18-Jul-24	29-Jan-24	165	6
295	2401344895	SNAP	12-Jul-24	15-Jul-24	29-Jan-24	165	3
296	2401344916	SNAP	12-Jul-24	15-Jul-24	29-Jan-24	165	3
297	2403365693	SNAP	23-Aug-24	26-Aug-24	11-Mar-24	165	3
298	2403365979	SNAP	23-Aug-24	27-Aug-24	11-Mar-24	165	4
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301	2404380573	SNAP	30-Sep-24	9-Oct-24	18-Apr-24	165	9
302	2404382353	SNAP	1-Oct-24	10-Oct-24	19-Apr-24	165	9
303	2401344561	SNAP	11-Jul-24	12-Jul-24	29-Jan-24	164	1
304	2403366141	SNAP	29-Jul-24	1-Aug-24	16-Feb-24	164	3
305	2403366284	SNAP	23-Aug-24	27-Aug-24	12-Mar-24	164	4
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307	2404384975	SNAP	7-Oct-24	8-Oct-24	26-Apr-24	164	1
308	2405390298	SNAP	20-Sep-24	23-Sep-24	9-Apr-24	164	3
309	2401344559	SNAP	10-Jul-24	11-Jul-24	29-Jan-24	163	1
310	2401344753	SNAP	10-Jul-24	11-Jul-24	29-Jan-24	163	1
311	2403363597	SNAP	26-Jul-24	12-Aug-24	14-Feb-24	163	17
312	2403369477	SNAP	30-Aug-24	3-Sep-24	20-Mar-24	163	4
313	2401339431	SNAP	26-Jun-24	28-Jun-24	17-Jan-24	161	2
314	2402350769	SNAP	17-Jul-24	23-Jul-24	7-Feb-24	161	6
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316	2404374216	SNAP	26-Aug-24	27-Aug-24	18-Mar-24	161	1
317	2405389293	SNAP	10-Oct-24	11-Oct-24	2-May-24	161	1
318	2404376474	SNAP	16-Sep-24	17-Sep-24	9-Apr-24	160	1
319	2404384894	SNAP	3-Oct-24	4-Oct-24	26-Apr-24	160	1
320	2402352402	SNAP	17-Jul-24	18-Jul-24	9-Feb-24	159	1
321	2403366194	SNAP	29-Jul-24	30-Jul-24	21-Feb-24	159	1
322	2404377095	SNAP	16-Sep-24	17-Sep-24	10-Apr-24	159	1
323	2405389815	SNAP	9-Oct-24	10-Oct-24	3-May-24	159	1

324	2405389896	SNAP	9-Oct-24	10-Oct-24	3-May-24	159	1
325	2405393595	SNAP	1-Oct-24	7-Oct-24	25-Apr-24	159	6
326	2401344562	SNAP	5-Jul-24	8-Jul-24	29-Jan-24	158	3
327	2401344633	SNAP	5-Jul-24	8-Jul-24	29-Jan-24	158	3
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332	2401344815	SNAP	5-Jul-24	8-Jul-24	29-Jan-24	158	3
333	2403364914	SNAP	12-Aug-24	20-Aug-24	7-Mar-24	158	8
334	2403365997	SNAP	16-Aug-24	19-Aug-24	11-Mar-24	158	3
335	2403366093	SNAP	13-Aug-24	14-Aug-24	8-Mar-24	158	1
336	2403368193	SNAP	20-Aug-24	21-Aug-24	15-Mar-24	158	1
337	2405389376	SNAP	7-Oct-24	8-Oct-24	2-May-24	158	1
338	2405389453	SNAP	7-Oct-24	8-Oct-24	2-May-24	158	1
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340	2402360234	SNAP	2-Aug-24	5-Aug-24	27-Feb-24	157	3
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342	2403363473	SNAP	5-Aug-24	6-Aug-24	1-Mar-24	157	1
343	2403367837	SNAP	19-Aug-24	20-Aug-24	15-Mar-24	157	1
344	2404373519	SNAP	6-Sep-24	10-Sep-24	2-Apr-24	157	4
345	2404373558	SNAP	6-Sep-24	10-Sep-24	2-Apr-24	157	4
346	2404378617	SNAP	19-Sep-24	23-Sep-24	15-Apr-24	157	4
347	2404378638	SNAP	19-Sep-24	23-Sep-24	15-Apr-24	157	4
348	2401344754	SNAP	3-Jul-24	11-Jul-24	29-Jan-24	156	8
349	2402353734	SNAP	18-Jul-24	30-Jul-24	13-Feb-24	156	12
350	2402360594	SNAP	12-Jul-24	23-Jul-24	7-Feb-24	156	11
351	2403363433	SNAP	8-Aug-24	15-Aug-24	5-Mar-24	156	7
352	2403363475	SNAP	8-Aug-24	15-Aug-24	5-Mar-24	156	7
353	2403366949	SNAP	16-Aug-24	19-Aug-24	13-Mar-24	156	3
354	2403366976	SNAP	16-Aug-24	20-Aug-24	13-Mar-24	156	4
355	2403367218	SNAP	16-Aug-24	20-Aug-24	13-Mar-24	156	4
356	2403367233	SNAP	16-Aug-24	19-Aug-24	13-Mar-24	156	3

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358	2403367357	SNAP	16-Aug-24	19-Aug-24	13-Mar-24	156	3
359	2403368242	SNAP	21-Aug-24	23-Aug-24	18-Mar-24	156	2
360	2403369433	SNAP	23-Aug-24	3-Sep-24	20-Mar-24	156	11
361	2404374294	SNAP	6-Sep-24	9-Sep-24	3-Apr-24	156	3
362	2404378635	SNAP	18-Sep-24	25-Sep-24	15-Apr-24	156	7
363	2404381635	SNAP	20-Sep-24	23-Sep-24	17-Apr-24	156	3
364	2405391765	SNAP	3-Oct-24	4-Oct-24	30-Apr-24	156	1
365	2402357757	SNAP	26-Jul-24	29-Jul-24	22-Feb-24	155	3
366	2403362657	SNAP	6-Aug-24	21-Aug-24	4-Mar-24	155	15
367	2403363673	SNAP	8-Aug-24	15-Aug-24	6-Mar-24	155	7
368	2403363746	SNAP	8-Aug-24	15-Aug-24	6-Mar-24	155	7
369	2403363833	SNAP	8-Aug-24	15-Aug-24	6-Mar-24	155	7
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371	2403364715	SNAP	6-Aug-24	8-Aug-24	4-Mar-24	155	2
372	2403367355	SNAP	16-Aug-24	20-Aug-24	14-Mar-24	155	4
373	2403367356	SNAP	16-Aug-24	20-Aug-24	14-Mar-24	155	4
374	2403367436	SNAP	16-Aug-24	20-Aug-24	14-Mar-24	155	4
375	2403367453	SNAP	16-Aug-24	19-Aug-24	14-Mar-24	155	3
376	2403367521	SNAP	16-Aug-24	20-Aug-24	14-Mar-24	155	4
377	2403367522	SNAP	16-Aug-24	20-Aug-24	14-Mar-24	155	4
378	2403367554	SNAP	16-Aug-24	20-Aug-24	14-Mar-24	155	4
379	2403367657	SNAP	16-Aug-24	20-Aug-24	14-Mar-24	155	4
380	2403367757	SNAP	16-Aug-24	19-Aug-24	14-Mar-24	155	3
381	2403368721	SNAP	21-Aug-24	22-Aug-24	19-Mar-24	155	1
382	2403369481	SNAP	22-Aug-24	23-Aug-24	20-Mar-24	155	1
383	2403369494	SNAP	22-Aug-24	23-Aug-24	20-Mar-24	155	1
384	2403369495	SNAP	22-Aug-24	28-Aug-24	20-Mar-24	155	6
385	2403369497	SNAP	22-Aug-24	23-Aug-24	20-Mar-24	155	1
386	2404374474	SNAP	6-Sep-24	10-Sep-24	4-Apr-24	155	4
387	2404374543	SNAP	6-Sep-24	10-Sep-24	4-Apr-24	155	4
388	2404374637	SNAP	6-Sep-24	9-Sep-24	4-Apr-24	155	3
389	2404374695	SNAP	6-Sep-24	10-Sep-24	4-Apr-24	155	4

390	2404374776	SNAP	6-Sep-24	10-Sep-24	4-Apr-24	155	4
391	2404374835	SNAP	6-Sep-24	10-Sep-24	4-Apr-24	155	4
392	2404374954	SNAP	6-Sep-24	10-Sep-24	4-Apr-24	155	4
393	240135211	SNAP	10-Jun-24	13-Jun-24	8-Jan-24	154	3
394	2401322585	SNAP	4-Jun-24	13-Jun-24	2-Jan-24	154	9
395	2402357615	SNAP	25-Jul-24	5-Aug-24	22-Feb-24	154	11
396	2402361565	SNAP	2-Aug-24	6-Aug-24	1-Mar-24	154	4
397	2403361677	SNAP	2-Aug-24	6-Aug-24	1-Mar-24	154	4
398	2403361743	SNAP	2-Aug-24	6-Aug-24	1-Mar-24	154	4
399	2403361973	SNAP	2-Aug-24	5-Aug-24	1-Mar-24	154	3
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403	2403363095	SNAP	5-Aug-24	6-Aug-24	4-Mar-24	154	1
404	2403363533	SNAP	6-Aug-24	7-Aug-24	5-Mar-24	154	1
405	2403363877	SNAP	5-Aug-24	7-Aug-24	4-Mar-24	154	2
406	2403364335	SNAP	8-Aug-24	15-Aug-24	7-Mar-24	154	7
407	2403364614	SNAP	8-Aug-24	9-Aug-24	7-Mar-24	154	1
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409	2403365656	SNAP	8-Aug-24	26-Aug-24	7-Mar-24	154	18
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413	2403367777	SNAP	16-Aug-24	19-Aug-24	15-Mar-24	154	3
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415	2403368726	SNAP	2-Aug-24	6-Aug-24	1-Mar-24	154	4
416	2403369099	SNAP	20-Aug-24	22-Aug-24	19-Mar-24	154	2
417	2403370299	SNAP	23-Aug-24	4-Sep-24	22-Mar-24	154	12
418	2403370300	SNAP	23-Aug-24	3-Sep-24	22-Mar-24	154	11
419	2403370339	SNAP	23-Aug-24	3-Sep-24	22-Mar-24	154	11
420	2403370354	SNAP	23-Aug-24	3-Sep-24	22-Mar-24	154	11
421	2403370813	SNAP	26-Aug-24	27-Aug-24	25-Mar-24	154	1
422	2403371173	SNAP	27-Aug-24	28-Aug-24	26-Mar-24	154	1

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425	2404378073	SNAP	13-Sep-24	16-Sep-24	12-Apr-24	154	3
426	2404379522	SNAP	17-Sep-24	30-Sep-24	16-Apr-24	154	13
427	2404380953	SNAP	12-Sep-24	20-Sep-24	11-Apr-24	154	8
428	2404383379	SNAP	25-Sep-24	26-Sep-24	24-Apr-24	154	1
429	2404383414	SNAP	25-Sep-24	26-Sep-24	24-Apr-24	154	1
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433	2405390833	SNAP	8-Oct-24	9-Oct-24	7-May-24	154	1
434	2405392015	SNAP	10-Oct-24	11-Oct-24	9-May-24	154	1
435	2405392202	SNAP	10-Oct-24	11-Oct-24	9-May-24	154	1
436	2401345901	SNAP	2-Jul-24	3-Jul-24	31-Jan-24	153	1
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438	2402357353	SNAP	16-Jul-24	17-Jul-24	14-Feb-24	153	1
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441	2403362853	SNAP	5-Aug-24	7-Aug-24	5-Mar-24	153	2
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443	2403363495	SNAP	5-Aug-24	7-Aug-24	5-Mar-24	153	2
444	2403363674	SNAP	6-Aug-24	13-Aug-24	6-Mar-24	153	7
445	2403363760	SNAP	6-Aug-24	13-Aug-24	6-Mar-24	153	7
446	2403364873	SNAP	7-Aug-24	13-Aug-24	7-Mar-24	153	6
447	2403364994	SNAP	8-Aug-24	9-Aug-24	8-Mar-24	153	1
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449	2403365174	SNAP	6-Aug-24	8-Aug-24	6-Mar-24	153	2
450	2403365313	SNAP	8-Aug-24	9-Aug-24	8-Mar-24	153	1
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452	2403365378	SNAP	8-Aug-24	9-Aug-24	8-Mar-24	153	1
453	2403365516	SNAP	8-Aug-24	16-Aug-24	8-Mar-24	153	8
454	2403366358	SNAP	12-Aug-24	13-Aug-24	12-Mar-24	153	1
455	2403367238	SNAP	13-Aug-24	14-Aug-24	13-Mar-24	153	1

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458	2403367721	SNAP	14-Aug-24	15-Aug-24	14-Mar-24	153	1
459	2403367835	SNAP	15-Aug-24	16-Aug-24	15-Mar-24	153	1
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461	2403367983	SNAP	15-Aug-24	28-Aug-24	15-Mar-24	153	13
462	2403368794	SNAP	19-Aug-24	20-Aug-24	19-Mar-24	153	1
463	2403369023	SNAP	19-Aug-24	23-Aug-24	19-Mar-24	153	4
464	2403369028	SNAP	19-Aug-24	20-Aug-24	19-Mar-24	153	1
465	2403369476	SNAP	20-Aug-24	21-Aug-24	20-Mar-24	153	1
466	2403369480	SNAP	20-Aug-24	21-Aug-24	20-Mar-24	153	1
467	2403369498	SNAP	20-Aug-24	21-Aug-24	20-Mar-24	153	1
468	2403369514	SNAP	20-Aug-24	21-Aug-24	20-Mar-24	153	1
469	2403369518	SNAP	20-Aug-24	22-Aug-24	20-Mar-24	153	2
470	2403369704	SNAP	21-Aug-24	22-Aug-24	21-Mar-24	153	1
471	2403369756	SNAP	21-Aug-24	4-Sep-24	21-Mar-24	153	14
472	2403369895	SNAP	21-Aug-24	22-Aug-24	21-Mar-24	153	1
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475	2403370295	SNAP	22-Aug-24	26-Aug-24	22-Mar-24	153	4
476	2403370595	SNAP	21-Aug-24	22-Aug-24	21-Mar-24	153	1
477	2403371816	SNAP	27-Aug-24	28-Aug-24	27-Mar-24	153	1
478	2404376097	SNAP	9-Sep-24	13-Sep-24	9-Apr-24	153	4
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481	2404376416	SNAP	9-Sep-24	13-Sep-24	9-Apr-24	153	4
482	2404376433	SNAP	9-Sep-24	13-Sep-24	9-Apr-24	153	4
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484	2404376883	SNAP	9-Sep-24	13-Sep-24	9-Apr-24	153	4
485	2404377061	SNAP	10-Sep-24	11-Sep-24	10-Apr-24	153	1
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487	2404378996	SNAP	16-Sep-24	17-Sep-24	16-Apr-24	153	1
488	2404379557	SNAP	16-Sep-24	17-Sep-24	16-Apr-24	153	1

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490	2404380276	SNAP	17-Sep-24	18-Sep-24	17-Apr-24	153	1
491	2404381444	SNAP	19-Sep-24	27-Sep-24	19-Apr-24	153	8
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493	2404383454	SNAP	24-Sep-24	25-Sep-24	24-Apr-24	153	1
494	2404383713	SNAP	24-Sep-24	25-Sep-24	24-Apr-24	153	1
495	2404384082	SNAP	25-Sep-24	26-Sep-24	25-Apr-24	153	1
496	2404384874	SNAP	25-Sep-24	26-Sep-24	25-Apr-24	153	1
497	2405389835	SNAP	3-Oct-24	11-Oct-24	3-May-24	153	8
498	2405389893	SNAP	3-Oct-24	4-Oct-24	3-May-24	153	1
499	2405390854	SNAP	7-Oct-24	8-Oct-24	7-May-24	153	1
500	2405390873	SNAP	7-Oct-24	9-Oct-24	7-May-24	153	2
501	2405390894	SNAP	7-Oct-24	8-Oct-24	7-May-24	153	1
502	2405391313	SNAP	8-Oct-24	9-Oct-24	8-May-24	153	1
503	2405391767	SNAP	24-Sep-24	25-Sep-24	24-Apr-24	153	1
504	2405392466	SNAP	10-Oct-24	11-Oct-24	10-May-24	153	1
505	2405392620	SNAP	10-Oct-24	11-Oct-24	10-May-24	153	1
506	2405392816	SNAP	30-Sep-24	2-Oct-24	30-Apr-24	153	2
507	2406404734	SNAP	21-Aug-24	22-Aug-24	21-Mar-24	153	1
508	2402357735	SNAP	23-Jul-24	24-Jul-24	22-Feb-24	152	1
509	2402359773	SNAP	22-Jul-24	23-Jul-24	21-Feb-24	152	1
510	2402361413	SNAP	30-Jul-24	31-Jul-24	29-Feb-24	152	1
511	2403361940	SNAP	31-Jul-24	1-Aug-24	1-Mar-24	152	1
512	2403363661	SNAP	5-Aug-24	7-Aug-24	6-Mar-24	152	2
513	2403363676	SNAP	5-Aug-24	7-Aug-24	6-Mar-24	152	2
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516	2403363974	SNAP	5-Aug-24	6-Aug-24	6-Mar-24	152	1
517	2403364180	SNAP	5-Aug-24	16-Aug-24	6-Mar-24	152	11
518	2403364317	SNAP	5-Aug-24	7-Aug-24	6-Mar-24	152	2
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520	2403364392	SNAP	6-Aug-24	8-Aug-24	7-Mar-24	152	2
521	2403364393	SNAP	6-Aug-24	8-Aug-24	7-Mar-24	152	2

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523	2403367180	SNAP	12-Aug-24	14-Aug-24	13-Mar-24	152	2
524	2403367255	SNAP	12-Aug-24	28-Aug-24	13-Mar-24	152	16
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526	2403367417	SNAP	12-Aug-24	16-Aug-24	13-Mar-24	152	4
527	2403369116	SNAP	12-Aug-24	13-Aug-24	13-Mar-24	152	1
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529	2403369355	SNAP	19-Aug-24	20-Aug-24	20-Mar-24	152	1
530	2403369394	SNAP	19-Aug-24	20-Aug-24	20-Mar-24	152	1
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537	2403369984	SNAP	20-Aug-24	21-Aug-24	21-Mar-24	152	1
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539	2403370096	SNAP	21-Aug-24	22-Aug-24	22-Mar-24	152	1
540	2403370336	SNAP	21-Aug-24	23-Aug-24	22-Mar-24	152	2
541	2403370433	SNAP	21-Aug-24	22-Aug-24	22-Mar-24	152	1
542	2403371493	SNAP	20-Aug-24	21-Aug-24	21-Mar-24	152	1
543	2403372556	SNAP	27-Aug-24	28-Aug-24	28-Mar-24	152	1
544	2404374452	SNAP	3-Sep-24	4-Sep-24	4-Apr-24	152	1
545	2404375278	SNAP	4-Sep-24	5-Sep-24	5-Apr-24	152	1
546	2404376729	SNAP	9-Sep-24	13-Sep-24	10-Apr-24	152	4
547	2404376732	SNAP	9-Sep-24	13-Sep-24	10-Apr-24	152	4
548	2404376914	SNAP	9-Sep-24	13-Sep-24	10-Apr-24	152	4
549	2404377133	SNAP	9-Sep-24	12-Sep-24	10-Apr-24	152	3
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553	2404378297	SNAP	11-Sep-24	12-Sep-24	12-Apr-24	152	1
554	2404378676	SNAP	3-Sep-24	9-Sep-24	4-Apr-24	152	6

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594	2403370342	SNAP	20-Aug-24	21-Aug-24	22-Mar-24	151	1
595	2403370353	SNAP	20-Aug-24	28-Aug-24	22-Mar-24	151	8
596	2403370713	SNAP	23-Aug-24	3-Sep-24	25-Mar-24	151	11
597	2403370759	SNAP	23-Aug-24	3-Sep-24	25-Mar-24	151	11
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603	2404375617	SNAP	6-Sep-24	9-Sep-24	8-Apr-24	151	3
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633	2404381495	SNAP	17-Sep-24	18-Sep-24	19-Apr-24	151	1
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639	2404384834	SNAP	23-Sep-24	24-Sep-24	25-Apr-24	151	1
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641	2405389894	SNAP	1-Oct-24	10-Oct-24	3-May-24	151	9
642	2405389898	SNAP	1-Oct-24	3-Oct-24	3-May-24	151	2
643	2405392674	SNAP	8-Oct-24	9-Oct-24	10-May-24	151	1
644	2405392814	SNAP	8-Oct-24	9-Oct-24	10-May-24	151	1
645	2405392893	SNAP	8-Oct-24	9-Oct-24	10-May-24	151	1
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648	2401344873	SNAP	27-Jun-24	12-Jul-24	29-Jan-24	150	15
649	2401344933	SNAP	27-Jun-24	1-Jul-24	29-Jan-24	150	4
650	2402358614	SNAP	15-Jul-24	16-Jul-24	16-Feb-24	150	1
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656	2403362696	SNAP	1-Aug-24	2-Aug-24	4-Mar-24	150	1
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661	2403365295	SNAP	5-Aug-24	12-Aug-24	8-Mar-24	150	7
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667	2403365978	SNAP	8-Aug-24	9-Aug-24	11-Mar-24	150	1
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672	2403366314	SNAP	9-Aug-24	12-Aug-24	12-Mar-24	150	3
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689	2403370373	SNAP	19-Aug-24	29-Aug-24	22-Mar-24	150	10
690	2403370495	SNAP	19-Aug-24	20-Aug-24	22-Mar-24	150	1
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697	2404378123	SNAP	9-Sep-24	13-Sep-24	12-Apr-24	150	4
698	2404378875	SNAP	12-Sep-24	20-Sep-24	15-Apr-24	150	8
699	2404379018	SNAP	13-Sep-24	17-Sep-24	16-Apr-24	150	4
700	2404379636	SNAP	13-Sep-24	17-Sep-24	16-Apr-24	150	4
701	2404381053	SNAP	16-Sep-24	17-Sep-24	19-Apr-24	150	1
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705	2404381915	SNAP	19-Sep-24	20-Sep-24	22-Apr-24	150	1
706	2404382038	SNAP	19-Sep-24	23-Sep-24	22-Apr-24	150	4
707	2404383013	SNAP	20-Sep-24	23-Sep-24	23-Apr-24	150	3
708	2404383194	SNAP	20-Sep-24	23-Sep-24	23-Apr-24	150	3
709	2404384905	SNAP	23-Sep-24	24-Sep-24	26-Apr-24	150	1
710	2404384907	SNAP	23-Sep-24	1-Oct-24	26-Apr-24	150	8
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713	2404385174	SNAP	23-Sep-24	24-Sep-24	26-Apr-24	150	1
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717	2405392834	SNAP	7-Oct-24	8-Oct-24	10-May-24	150	1
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P-Ex. 28

P-Ex. 28A

Placeholder for Video Submitted Consistent with Administrative Order 205

Unofficial Transcript Attached for Convenience in Identifying Location of Words Spoken on Video File

SENATE HEALTH AND WELFARE COMMITTEE

SENATE HEARING ROOM 1

****PROVIDED FOR CONVENIENCE FOR TIME STAMP LOCATION. NOT A CERTIFIED TRANSCRIPT. TRANSCRIPTION SHOULD BE CHECKED AGAINST NATIVE VIDEO FILE****

Date of transcription: 01/24/24

KEY:

[00:00:00] Time stamp, inaudible word(s)

In attendance		
Initials	**Speaker Name**	**Company/Position**
LE	**Lyn Eagan**	**Board Chair**
RC	**Rusty Crowe**	**Chairman: Senator/Johnson City - District 3**
RH	**Ferrell Haile**	**1st Vice Chairman**
SR	**Shane Reeves**	**2nd Vice Chairman: Senator/Murfreesboro - District 14**
CC	**Clarence Carter**	**Commissioner/Dept of Human Resources (Tennessee)**
CS	**Callon Schmid**	**Assistant Commissioner for Public Information and Legislation (Tennessee)**
CCS	**Cherrell Campbell-Street**	**Deputy Commissioner for Programmes (Tennessee)**
JH	**Joey Hensley**	**Senator/Hohenwald - District 28**
BM	**Becky Massey**	**Senator**
JY	**Jeff Yarbro**	**Senator/Nashville - District 21**

Speaker	**Time Stamp**	**Narrative**
RH	00:21:00	Thank you Mr Chairman, thank you.
RC	00:21:02	Are there any other questions? Seeing none, thank you, Senator Swann, appreciate you bringing the group and Senator Overbey. Thank you. Thank you for your presentation. That's very helpful. .
LE	00:21:13	Thank you Mr Chairman and all of you. Thank you.
RC	00:21:18	All right. We will now welcome Mr. Carter, the Department of Human Services and let's hold our questions till the end of his presentation. Then we'll go for it. You are recognized to present before us.
CC	00:21:50	Mr Chairman and members of the Committee, I am pleased to have the opportunity to share with you this afternoon. My name is Clarence Carter and I am the Commissioner of the Tennessee Department of Human Services, and I joined today by our Assistant Commissioner for Public Information and Legislation, Callon

Speaker	Time Stamp	Narrative
		Schmid and also our Deputy Commissioner for Programs, Cherrell Campbell-Street and I'm going to apologize up front because I'm a little bit under the weather.
		And what we're here to discuss today is the issues related to the Supplemental Nutrition Assistance Program, which has come under a pretty significant application backlog and what I'd like to do is to, sort of paint the picture of what this is and how we got there, but then more focus on what we are doing about it. Okay. So when, when and, oh I'm sorry. So when a fellow Tennessean submits an application for the Supplemental Nutrition Assistance or SNAP Program, we have by law 30 days to either certify or deny that application. Okay. That is within timely processing is 30 days and we have historically been pretty comfortably within that time in this range, but a very unique set of circumstances arose this year. We have been working on, over the past five years, a brand new eligibility system. Okay. The system that our folks have been operating in, the Accent system, was 22 years old, 32 years old, 32 years old. Now just think about a piece of technology that's 32 years old and the fact that we changed these [*holds up mobile telephone*] every two years. Literally 32 years old and so our eligibility workers were working pretty much with bubble gum and spit, okay, but managing to get the job done. But then, as we completed this new system, EBMS, we then had to begin to transition from the old Accent system to the new EBMS system. We began that transition this summer, and as we were transitioning, our eligibility workers had to continue to work in the 32 year old system and also the new system while they were also being trained on the new system. That work, converting from the old system, transitioning to the new, training on the new that happened between June and December of this year. Okay, and that volume slowed down our regular application process, and really if you would, it clogged the pipeline, if you would. Okay, and so we have been visited with a number of applications that are far beyond our usual standard. So we have 30, currently about 35,000 applications that are pending and we say pending, we mean that they are older than 30 days. Okay, and so what we have set out to do is take an all hands on deck or a full court approach to addressing this, to addressing this issue.
		We have, we operate typically as a vertical organization where we administer 17 programs. We have pulled individuals from many of those programs to support this full court press. Okay, and so, and we are working from the oldest applications, we're working them forward so that we can get beyond the challenge that we have. And so, now that we've talked about how we got here, I want to detail what we're doing to fix it.
		First, please know we recognize the vital importance of this program. This program puts food on Tennessean's table and so we have a, almost a desperate sense of urgency to be able to do this right. Okay, and as I said, we've taken this sort of all-hands-on-deck approach and everybody is reviewing applications and I think they want to drag me into it. Okay, it's the urgent nature of what it is that we are doing here.

Speaker	Time Stamp	Narrative
		Our solution and our all-hands-on-deck approach, we've shifted internal positions from our quality assurance team, our childcare team, our human resources team, and even our executive team to help process applications. Even Cherell is processing applications. Cherell and our Assistant Commissioner, Charles Bryson have toured different county offices, incorporating employee feedback into the building out of this new system. Additionally, a common problem we are seeing is missed interviews, and just to step back to explain this here, federal law requires that we interview any individual who is applying prior to certification. We have to interview, even if they have provided us all the documentation and we can make a determination by looking at that documentation that they are either approved or denied. The law requires us still to interview. Okay, and we've actually asked the Food and Nutrition Service for a waiver from that because we know that that would make our processes more efficient. Now, unfortunately that waiver was turned down and we intend to appeal that but that's a mandated part of the work.
		We have scheduled this week and are in the process of executing 35,000 interviews. And again, the completion of these interviews will allow us to dispose of these applications and dispose means either favourably certify or deny. Okay, and so what we are required to do by law, is I have to send you a letter to inform you of an interview time and date and that please be available to your phone during that time. So we've scheduled 35,000 of those this week and as of last night, we are keeping very, very diligent count of all of this work. And so, as of last evening, okay, we conducted 14,500 interviews with this, all hands on deck approach. Okay.
		Now I want to let you also know that during that time, we received 4,800 new applications. We get between 2,500 and 3,500 applications for this programme every single day. They come in all different ways to get to us and so we know that if we were going to get ahead of our pending that what we needed to do, was to be disposing of more each day then came in. And so I'm happy to report in the last couple of days we've gotten just short of 5,000 applications received and disposed of 9,600. Okay.
		I would tell you that I am really very proud of the work that our team is doing in this all hands on deck approach and I know that each of you have, some of your constituencies are part of this pending applications process. And so I just want you to be comforted that we understand this problem. We understand how we got here and we understand the desperate urgency of helping economically vulnerable Tennesseans put food on their table. And so we have organised ourselves and I am, I'm very comfortable that we are trending in the direction that we will solve this problem very, very soon. So with that, let me shut up and Mr Chairman, happy to take any questions.
RC	00:31:53	Thank you. Yes, thank you. Thank you. Members? Yes, Senator Hensley and then Senator… yes.

Speaker	Time Stamp	Narrative
JH	00:32:15	Thank you, Mr Chairman, and thank you, Commissioner, for being here, but this 35,000 cases, are these new cases or are they people renewing applications?
CC	00:32:29	They are both. They are new and recertifications also. Yes sir.
JH	00:32:34	Okay, and these interviews have to be in person or just telephone interviews?
CC	00:32:39	No, they are telephone, they are telephone interviews. Yes.
JH	00:32:42	Okay. So…
CC	00:32:44	Yes, we have taken advantage of this evolving ability to do work virtually, and so we are using that here. So, we have scheduled all of these interviews are phone interviews and our labour force is doing them either from their home or the office and we are calling it in the homes of....
JH	00:33:05	Uh-huh. Well, you were saying that you'd ask for a waiver, but if you don't talk to the people, how do you know that it's the person sending in all of the forms if you don't… I would think you would need to see them in person to make sure that was the, was the, actually that was the individual that sent in the forms?
CC	00:33:28	Um, Callon you want to take a run at that?
CS	00:33:31	Thank you, Senator Hensley for the question. I'm Callon Schmid, Assistant Commissioner for Public Information and Legislative Office. So I have in front of me the printed off web page, because I'm very technology savvy, of how to apply for SNAP. So you can apply through our new online customer portal online, and part of that application process there's a series of questions you have to answer. There's also a series of verification documents you have to submit. They can include things like your social security information. Identification from the State or passport, where you live, your lease agreement, utility bills, what your income level is and resources available to you. So there were, and Cherell correct me if I'm wrong, there were during the time of the pandemic and the public health emergency, FNS did grant some no interview waivers to states. So we used that as a model to apply for a no interview waiver if the documents that were required were submitted, so that we could go through and check that. That waiver, like the Commissioner said, has ultimately been denied by the Federal Government.
JH	00:34:41	Okay, and do people have to be a citizen to qualify for SNAP benefit?
CC	00:34:47	Yes, yes they do.
JH	00:34:48	They do. Okay.
CC	00:34:49	Yeah. Yes, Sir.
JH	00:34:50	And just one more question, Mr Chairman. If you knew you were getting so far behind, why the urgency? You said last week, you

Speaker	Time Stamp	Narrative
		did all these interviews. Why were you not already doing the interviews the last few months?
CC	00:35:03	So we had to complete the conversion and training. The conversion from the old system to the new system and that, we completed that conversion on December 30th, okay, and also the training on the new system. So we have been putting this mechanism in place for the last two weeks and preparing to execute.
JH	00:35:32	Okay. So you couldn't do that until you got that finished, the end of December?
CC	00:35:37	That is correct, yes sir.
JH	00:35:38	And now going forward, once you get this backlog to complete, you shouldn't have the backlog any more?
CC	00:35:45	That is correct. The tools of the new system, I have to be honest with you, we are taking our eligibility workers from the stone age to the 21st century. And so this will enable them to be infinitely more efficient and they are absolutely wowed by the capabilities of the new system. They are just, of course, frustrated that we've gone through this particular moment and it caused all of this, these kinks in the system, but yes, once we get beyond this, we will be fine and sprinting and moving forward.
JH	00:36:25	Okay. Okay. Thank you, Mr Chairman
RC	00:36:27	Thank you Senator Hensley, Senator Massey then Senator Yarbro.
BM	00:36:30	Thank you, Chairman and thank you, Commissioner and your team for being here. This was obviously brought to my attention and Miss Schmid I've worked on it a little bit and I had a local TV station reach out to me for an interview on it. And that was when I was first made aware of it and since then we've had some communication with constituents that I've sent over. We, you know, as I told Callon, I said, you know, it's one thing to just be getting an approval for one thing or another, but when we're talking about food on the table for people that don't have other resources, I mean obviously I know we were giving them resources of local food banks and things like that, but I know the need has arisen more because of the price of housing going up and things like that and more people are applying right now. But, we've got to get to the point at, I mean as of yesterday, almost, but as soon as possible to get them under that 30 days. We, I mean I had one constituent that reached out to us who had a child that was on tube feeding. I mean and very severely disability and you know, I mean it, it was, not only just food insecurity, but a very fragile family member and so I'm not sure if you did say in your presentation when your target date, when you think you will be under, have everybody under, I mean obviously there's always a stray, but under that 30 day window?

Speaker	Time Stamp	Narrative
CC	00:38:14	So we are shooting for being under the 60 day window, by the middle of February, being under the 30 day window, by the end of March.
BM	00:38:26	Okay, that's, two months is a long time for people to be without food. I'd say if you need us to come over and do some phones one day with the Committee, we'd all show up and help answer some phone calls or whatever, but I mean, if you can, if those are the worst case scenario and you've got some internal higher aspirational goals to do it a little quicker, I would greatly appreciate it because our Tennesseans are dependent upon us to provide this critical life need. So thank you. I know you all are working hard and diligently and I appreciate the efforts but like so, anything you can do to bump those… even a day or two up is important. So thank you.
CC	00:39:19	Senator Massey, yes, those are worst case scenarios and what we have seen with our all-hands-on-deck approach, I feel comforted because it's, in these first two days, we have really begun to hit our stride and my suspicion is that pace is going to only speed up over the ensuing days. So I, what I did share with you is what I think is our worst case scenario I am hoping to be able to report some better stuff once we see some evidence.
BM	00:39:59	Thank you, and I think it would be helpful if, maybe every couple of weeks, if you kind of said this is how many we have that are under 30 days. This is how many we have over whatever, just to kind of keep the Committee informed to see the progress that you're making. I think that would be helpful.
CC	00:40:19	We'd be happy to do that. We have been sharing those numbers with Chief Gibson on a daily basis. We're happy to share those with the Committee.
BM	00:40:26	However, often you think it's appropriate, not, maybe not daily, but weekly or every other week, something like that, cause that I think we would be interested in kind of cheering you on from the sidelines and helping any way that we can.
CC	00:40:40	Thank you.
RC	00:40:41	Thank you, Senator Massey. Senator Yarbro is recognized.
JY	00:40:45	Thank you, Mr Chairman, and Mr… Thanks for being here. I first just want to echo Senator Massey's comments because I think there's no question that everybody recognizes the, this is a 30 day requirement for a reason. I mean, this is the most basic need for the people who have the greatest need, right, and the fact that we, you know, that there are people that were supposed to have food during the holidays, that didn't have as much as they would have otherwise because of an error on our part, regardless of whether there's an explanation, I think we all know that we have to do better than that. Let me, I want to, so let me ask a couple lines here. One, how many employees are working on this issue right now? Is it enough and how are you going to get to where you need to be?

Speaker	Time Stamp	Narrative
CC	00:41:37	So you, I'm sorry did you want to do that?
CCS	00:41:43	Hello, Cherrell Campbell Street. Thank you for the question. We have roughly about, I think 1,400 employees working. All of the time of the day.
JY	00:41:55	On this issue?
CCS	00:41:56	Yes, on this issue, sir. Yes. Part of the, and just speaking, as the Commissioner mentioned, the interview, an interview typically lasts on average on a good day anywhere from 30 to 45 minutes. It's not just a quick interview, because a lot of times we may have someone that did not have all of their information and so you have to take a lot of time to process that, but staff are working extremely hard. Particularly since some of our staff members, they themselves have family members who receive benefits or some of our staff are actually receiving the benefits, so they certainly understand the necessity of this program. But yes, we've got just about everybody we can working on this specific issue.
CC	00:42:48	And Senator, one of the things that I didn't share, about this sort of all-hands-on-deck approach, we have changed our hiring model and our training model. Previously we had the training module to be an eligibility counsellor was six months. So from the day that you walked in the front door, you couldn't be on the shop floor for six months. We have been able to reduce that to four and a half weeks, Okay, and we're also doing some rapid hiring events so that we ensure that we have all that, all the labour force that we need that, that we need to do this. So that has been a part of our sort of all-hands-on-deck here. We knew that we needed to change some of our internal processes and I want to just state to the Committee, please know that we are not here today positing excuses. Okay. We have a problem to solve and we are 10 toes down on solving that problem. So, we understand that...
JY	00:44:03	I appreciate that and I think that's exactly right. The, the… I checked with our staff this this morning before coming in and one of the most common reports that we're getting is that people are scheduled for interviews and then not getting calls at the time, that's they get letters telling them to be ready for a call and from here like is that a technology problem, is that like a… what's, because that doesn't strike me as a as a procurement issue but strikes me as a problem?
CS	00:44:33	Thank you, Senator Yarbro, so, and Cherrell back me up if I'm wrong again, but we had situations where previous interviews from, if I was calling customer Commissioner over here [*gestures towards CC*], and then had a call scheduled with customer Cherrell [*gestures towards CCS*], that first call took longer because we're also working with our customers on how to use our new system, working through that. So we may miss the call. That's one opportunity. I also will say that we can see with our new system when we make that call and then folks would show our customers and some of your constituents would send their call log screenshots and say I don't have a call from you. So if I can take a little bit of liberty and say thank you to the cell phone carriers in the past week

Speaker	Time Stamp	Narrative
		have jumped to help us to get us off of our potential spam list, where you, knock on wood, we are not on potential spam lists. Thank you, and thank you to the carriers who've helped orchestrate that for us. So that's one example and also, Cherrell....
CC	00:45:37	And I would say that…
CCS	00:45:37	And also…oh, go ahead sir.
CC	00:45:39	What's also important in that regard is there have been many instances where that individual wouldn't engage that phone call because they didn't know the number, and I know I do that. If I had a strange number, you know, then I don't engage it. So what Callon just laid out has been very helpful. It's been very helpful because now they understand that it's us calling. So that was a, it was a procedural glitch that we think that we've fixed.
CCS	00:46:19	Yes. And I was just going to say we also changed it from to Callon's point having like an 8:00 appointment from we say 8:00 to 10:00 because as she stated one person, it may be a quick 15 minutes. But for a lot of our customers, they need a little bit more time because the federal regulations require a lot of stuff. In order to receive this benefit and I don't know of how many people maybe walk around with eight pay stubs and all of these other things that we have to have, so we we changed it to a range, but it in no way is a system's glitch, and to the Commissioner's point the other piece. If you have somebody calling and you're not familiar with the number and that's something we have been trying to fix for years and really very thankful to our carriers that at least now it will show the state of Tennessee or something and we have, we have seen an increase in the number of people picking up just this week.
JY	00:47:21	OK, go ahead.
CC	00:47:25	I'm just going to say and also in this in this full court press, we now make, we now call an individual place if if they're scheduled in the morning, we'll call in the morning and the afternoon, if it's an afternoon scheduled call, we'll call in the afternoon. If we don't connect, we call the next morning. So we're we are being more diligent in our attempts to connect.
JY	00:47:48	When that sort of brings you to that, the other point that I did want to raise, and I guess Chairman Watson and I serve on the Information Systems Council and have taken great interest in how these new systems get, can you remind me when this when the procurement was sort of started completed and how much it cost so?
CC	00:48:07	So, it started five years ago. OK. And I I don't have the aggregate cost. Do we have that?
CS	00:48:14	I'll get that information from that for you.
JY	00:48:17	Well, I mean the the thing that that and and this is is not necessarily only about this department, but it does trouble me that we've got a new like, you know, new systems should make things work better,

Speaker	Time Stamp	Narrative
		right. And it's not really a great way to to foster trust in a new system, then, like the transition to the new system, results in delay and it and I and it and so like, I guess my question is sort of in I'm too specific and I'll throw out here - one is did we really think through the transition aspect here to you know, I mean it sounds like we have been transitioning for the last six months and which is equivalent to the time of the people being trained on the on the new system. I mean would it not have made sense to keep what was going and work, you know, even though it is running on green screens from the 90s. Keep that going for a few months longer while people get trained, to like really more effectively transition to the new. And I think the second and this one is of particular concern to me is that there are people that are waiting on the phone right now for two and three and four hours. Like, I don't understand why, like a new system, that's consumer facing, wouldn't have some sort of technology to avoid that kind of delay.
CCS	00:49:40	And so again, Senator, it's the the wait is it's totally unacceptable. No one wants to wait that long in life. But again, the nature of how snap is built, an interview, even when someone gives us everything, a lot of times people call and they may want something additional. Or we have to ask more information. And that in and of itself, I said the average time it takes to, just to do the interview with all of the regulations and requirements average anywhere from 30 to 45 minutes. And that's on a very good day. We certainly do not want to have customers wait that long and to, I think what Callon says we're constantly working to try to find different ways. One of the ways and unfortunately we did not get the waiver, but there is some states that are that do have waivers for the interview because if I have everything, it would make sense that I can just go ahead right then and approve or disapprove you. But sadly the federal our federal partner requires this antiquated piece of work that requires us to do an interview. We are looking, but I do want to also say this is not a defect of the new system. This is merely because our business are humans, and sometimes when you are talking to people, there is just their stories are not as easy as a 5 minute or a 10 minute call. I wish it was because we would definitely. And so we we're going to ask, Commissioner, we're going to appeal that because it is so important if we have all of the information that we certainly can get these cases out quicker.
JY	00:51:25	Well, and I appreciate the need for flexibility and I mean, I think we can think about legislatively supporting your efforts to get as much flexibility from the sort of any federal requirements paperwork-wise that don't if they if they're, you know, something to facilitate operation, I think we should be able to do that. I think my question is much more limited to the actual like the procurement and its roll out and just whether, did we think through the tick tock of this? And then I guess, did we, I'm not talking about people waiting before they get a call. I'm talking about people that are calling in and just sitting on hold for four hours. Like modern systems don't make you do that but like we have a new system and it's making people wait.
CC	00:52:14	Senator, I'm going to take a small run at that and then Callon has some stuff to add. What we learned, have learned an awful lot in this process that will serve us going forward and I would tell you

Speaker	Time Stamp	Narrative
		that there are a number of things that we could have done differently. When I when I walked in the front door three years ago and I was presented with this massive technology plan, the department made the determination to literally completely rip up the technological floorboards and rebuild it because we had all this old technology. I said I don't know that I ever would have taken it all online at once, ok? As we have come up through this conversion process, I think that there are things in in our procedures that given another opportunity, we would do a little bit differently, OK. But this is the first time that this enterprise has encountered this kind of major system shift and so yes, there are things that we definitely could have done differently that I think would have made this not as cumbersome, and we're we we are learning from those and we'll take that learning going forward.
CS	00:53:35	Senator, if I can also add that the wait time that the Families Assistance Service Center is unacceptable and we know that . One one thing that the federal government did grant us that was helpful is the rescheduling of interviews. Previously, you would have to call: I missed my interview. The customer would then call the Families Assistance Service Center, which would add to the queue line, build up the wait time and then I'd say I need my interview scheduled and they reschedule. They send it in the post mail, the post office and then I could check my customer portal to also see when that interview was. Now we do have a waiver that does allow us to automatically reschedule those rather than the customer having to call, so that is something to try to help. We are working on other solutions as well and I look forward to keeping the Committee updated on that.
RC	00:54:22	All right. Thank you. It's 3:00. The Education Committee is getting ready to come in. Other questions before we leave? Thank you, Commissioner, for the update. That's very helpful. Thank you for let you know the committee. Thank you, guys. Thank you so much. Do I have a motion to adjourn? OK.
CC	00:54:33	Thank you Mr Chairman, thank you so much.
RC	00:54:35	Thank you so much. Do I have a motion to adjourn?

End of transcription

P-Ex. 29

Department of Human Services

SNAP Appeals and Fair Hearings

Policy 24.23 **Effective: July 15, 2021**

Introduction

The Tennessee Department of Human Services (TDHS) shall provide a fair hearing to any person or household aggrieved by any administrative action which affects their eligibility, level of benefit, or participation in the SNAP program in reference to a formal complaint.

Scope

This policy was developed to outline the guidelines for when an individual or a household submits a formal complaint or requests a fair hearing due to actions taken by TDHS.

Policy

Appeals and Fair Hearings

1. TDHS must provide a fair hearing to any individual who disagrees with any administrative decision, action, or proposed action affecting an individual's participation.
2. All applicants of or recipient of services shall be informed, in writing, at the time of application and prior to any adverse action:
   a. the right to a fair hearing;
   b. the method for requesting a hearing and that the case may be presented by the individual; and
   c. legal counsel or an authorized representative.
3. A request for a hearing is any clear expression, oral or in writing, by an applicant/recipient or authorized representative that they disagree with the actions, decisions or requirements imposed.

Resolution prior to Fair Hearing

1. When an individual is dissatisfied with any administrative action/decision relating to SNAP benefits, efforts must be directed to resolve the issue promptly, if possible. (See also, SNAP Procedures for a Customer's Complaint)
2. An individual's right to request a fair hearing should not be interfered with and the individual should be reminded verbally of their right to request a fair hearing.
3. Any person who asks to appeal on behalf of someone will be asked to obtain the applicant's/recipient's written statement that they wish to designate them as their representative, unless that person is an attorney licensed to practice law in Tennessee, who has been asked by the applicant/recipient to represent them. Individuals may also question TDHS's interpretations of the law and the validity and applicability of the policies implemented under the law.
4. Group hearings may be conducted where the sole issue is one of State or Federal law, regulations, or policy.

Time Limits for Appeals

1. An individual shall be allowed to request a fair hearing on any action by TDHS staff, including loss of benefits, within ninety (90) days of the date of such action as established by the notice to the household of such action.
2. The Division of Appeals and Hearings will make the decision upon receipt of the Appeal for Fair Hearing as to whether the request will be accepted or denied. Appeals will be accepted only if they are filed within these time limits unless good cause can be shown as to why the appeal could not be filed within the prescribed limits. The Commissioner or their designee will approve any extension of time under this section after the appellant shows a reason for good cause exists for not filing within the prescribed time limits. The

time limits shall be computed by excluding the first (1st) day and including the last day, unless the last day is a weekend or legal holiday, then the next working day may be considered as filing within the time limit.

Good Cause for Filing a Late Appeal

1. Appeals may be considered after the ninety (90) calendar day time limit if the appellant can show good cause as to why the appeal could not be filed within ninety (90) calendar days. In addition, benefits can be continued if the appellant can show good cause for failing to file the appeal within ten (10) calendar days.
2. All decisions regarding good cause are made by the Commissioner's Designee/Conciliation Attorney Unit.

Continuation of Benefits

1. When a SNAP household requests a hearing within ten (10) calendar days from the date of the advance written notice of intended action to reduce or terminate assistance prior to certification ending, SNAP benefits may be continued pending the hearing decision, unless the recipient waives continuation of benefits.
2. Good cause for delay will be considered on a case-by-case basis when a request for continued benefits mailed by the individual is received by TDHS following the tenth (10th) day after the notice of adverse action is mailed. Continued or reinstated benefits should not be reduced or terminated before the final hearing decision unless:
   a. There is an additional cause for adverse action, and the individual does not request a subsequent hearing;
   b. The certification period expires;
   c. The hearing officer makes a preliminary written decision at the hearing that the sole issue is a question of policy interpretation, and the individual claims that the Department has applied the policy improperly;
   d. A mass change affecting the AG's eligibility or basis for issuance occurs while the hearing decision is pending; or
   e. Review indicates the individual is eligible for a new certification period and a new benefit amount.

Division of Appeals and Hearing Functions

1. All SNAP appeals received by the county office must be faxed on the same business day to the Division of Appeals and Hearings. The county office may continue to take action to resolve the issues in the appeal informally. If the appeal is resolved informally by the county office, a signed HS-2908 Withdrawal of Appeal for Fair Hearing form must be faxed to the Division of Appeals and Hearings. At that time, the appeal process will cease.

   Fax all Family Assistance Appeals to:

Tennessee Department of Human Services Division of Appeals and Hearings
P.O. Box 198996
Nashville, TN 37219-8996
Fax: 615-313-5013 or 1-866-355-6136 (Long Distance)

2. The FASC will accept appeal forms or file a verbal appeal on behalf of the SNAP participant. The FASC will document the request for an appeal in the Family Assistance eligibility and case management system and enter the request for an appeal into the Appeals Resolution Tracking System (ARTS) the same day as the appeal request is received.

Supporting Documents

SNAP Procedures for a Customer's Complaint

SNAP Process for an Appeal and Fair Hearing

Definitions/Acronyms

Term	Definition
Appeal	A procedure for bringing grievances that cannot be resolved in the local office to the State Office for a hearing.
Appellant	An individual who is dissatisfied with an administrative action of the Department in regard to the furnishing or denial of assistance and who, as a result, is requesting a fair hearing before the State Office.
Fair Hearing	A proceeding before an impartial official designated by the Commissioner of the Department of Human Services in which an appellant or his representative may present his case. The case may be presented with or without witnesses, to show why action or inaction by TDHS should be corrected.

Supersedes

SNAP Policy Manual 2017 Chapter 43

Approval History

Approved By	Approver Title	Approved Date	Effective Date
Clarence H. Carter	Commissioner	06/30/2021	07/15/2021

Revision History

Date	Version	Location of Change	Description/Reason for Change
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Approved By	Clarence H. Carter	**Approval Date**	06/30/2021
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Application	All TDHS Employees and Contractors		

P-Ex. 30

USDA United States Department of Agriculture

Food and Nutrition Service

1320 Braddock Place
Alexandria, VA
22314

DATE: August 2, 2023 (Updated August 1, 2024)

SUBJECT: Supplemental Nutrition Assistance Program (SNAP) – Updated Guidance for Improving State Agency Application Processing Timeliness Rates: Standardizing the Escalation Process

TO: All SNAP State Agencies
All Regions

The purpose of this memorandum is to advise State agencies on the steps the Food and Nutrition Service (FNS) will take to monitor and engage State agencies with poor Supplemental Nutrition Assistance Program (SNAP) initial application processing timeliness (APT) rates. This memo replaces guidance from the memorandum dated March 18, 2016, Guidance for Improving State Timeliness Rates and Standardizing the Escalation Process.

Low APT rates have a real and significant impact on eligible households who struggle to put food on the table while their SNAP applications are stalled. Delays in receiving benefits are especially detrimental to households entitled to expedited service, who are most in need of immediate food assistance. While households may turn to food banks or other resources in times of hardship, SNAP remains one of our country's strongest defenses against hunger. State agencies are required to operate the program in a manner that ensures all eligible applicants are certified to receive benefits in a timely fashion. Timely application processing an essential element of good customer service and ensures households have access to essential nutrition assistance.

The Food and Nutrition Act of 2008 (the FNA), requires that households have the opportunity to participate in SNAP within 7 days for expedited cases and 30 days for regular cases. While States agencies are required to process all SNAP applications within the timelines provided in the statute, FNS considers an APT rate of 95 percent and above acceptable performance.

FNS has long monitored APT rates as part of its oversight responsibility to ensure State agency compliance with SNAP program requirements under 7 CFR 275.3. FNS has also required corrective action when State agencies or FNS have identified deficiencies in APT. In 2014 and again in 2016, FNS streamlined and formalized its escalation process to identify poor performing State agencies and promote significant improvements in State agencies with APT rates falling below 90 percent on the upper bound of the 95 percent confidence interval.

For many reasons, including the suspension of certain Quality Control (QC) requirements in response to the COVID-19 public health emergency (PHE), FNS has lacked available data to follow the escalation process over recent years. FNS recognizes that the PHE presented unique circumstances for our State agency

partners, which resulted in poor timeliness across the nation. While FNS' previous escalation procedures provided a standardized process to address poor timeliness, they did not provide for or envision circumstances regarding the technical assistance and flexibility required as State agencies exit from the unprecedented COVID-19 pandemic and continue to face staffing and technology issues. Accordingly, FNS is revising its escalation procedures to better reflect the current realities on the ground.

The updated escalation procedures, effective October 1, 2023, build in some flexibility for FNS to engage State agencies when APT rates fall below acceptable performance while maintaining a standardized process. Updates to the escalation procedures include engaging in technical assistance earlier, setting State agency-specific benchmarks for improvement, and data validation of State agency-generated APT data.

While the process outlined in this memo serves to standardize escalation procedures, FNS may deviate from this process when a State agency's APT rate is particularly egregious, or because of other circumstances in the State agency, such as a large backlog or major systems issues. In these cases, FNS may proceed directly to the process under 7 CFR 276.4(d). In addition, the suggested actions or requirements at each step of the escalation procedures are only examples; individual State agencies may be directed to follow alternative processes.

In order to appropriately target State agencies with chronic timeliness issues, FNS will deviate from the escalation procedures and immediately proceed to an APT CAP when a State agency has a FNS QC APT rate below 85 percent for the two most recent consecutive quarters available as of October 1, 2023.

State agencies with questions should contact their Regional Office representatives.

Signature on file

Moira Johnston
Acting Director, Program Development Division
Supplemental Nutrition Assistance Program

Attachment

Guidance for Improving State Agency Application Processing Timeliness Rates: Standardizing the Escalation Process

The purpose of this memorandum is to update the guidance provided to State agencies on the steps the Food and Nutrition Service (FNS) will take to improve Supplemental Nutrition Assistance Program (SNAP) initial application processing timeliness (APT) rates. This memo replaces guidance from the memorandum dated March 18, 2016, Guidance for Improving State Timeliness Rates and Standardizing the Escalation Process.

While the process outlined in this memo serves to standardize escalation procedures, note that FNS may deviate from this process when a State agency's APT rate is particularly egregious, or because of other circumstances in the State agency such as a large backlog or major systems issues. In these cases, FNS may proceed directly to the process under 7 CFR 276.4(d). In addition, the suggested actions or requirements at each step of the escalation procedures are only examples; individual State agencies may be directed to follow alternative processes.

What is Application Processing Timeliness?

The Food and Nutrition Act of 2008 (the FNA), as amended, requires that households have the opportunity to participate in SNAP, defined as having been certified with access to their benefit allotment, within 7 days for expedited cases and within 30 days for regular cases. Per Federal regulations at 7 CFR 274.2(b), an opportunity to participate consists of two parts. First, households must have an active Electronic Benefits Transfer (EBT) card and personal identification number (PIN). Second, benefits must be posted to the household's EBT account and are available for use.

How is Application Processing Timeliness Measured?

FNS measures timeliness of initial SNAP application processing three ways: 1) the FNS Application Processing Timeliness (APT) rate, ("FNS APT Rate") 2) the State agency timeliness rate ("State APT rate"), and 3) the Certification Section of the FNS Program and Budget Summary Statement, Part B-Program Activity Statement (FNS-366B). In addition to these measures, FNS also regularly monitors State agency timeliness through management evaluation reviews, advocate and client complaints, and other modes of information gathering.

The FNS APT rate is calculated from the Quality Control (QC) active case sample and derived by dividing the number of initial SNAP applications approved within the 7- or 30-day processing requirement for a given period of time by the total number of applications approved within that same time period and multiplying by 100 percent.

$$\textbf{FNS APT Rate} = \frac{\#\ \text{Applications Approved Timely of QC Sample}}{\text{Total Applications Approved of QC Sample}} \times 100$$

FNS calculates a 95 percent confidence interval surrounding the FNS APT rate point estimate to account for differences in the size of the QC samples. The upper bound of the confidence interval, rather than the point estimate, is used to identify and monitor timeliness[1]. **If the upper bound of the confidence interval is below 90 percent, the State agency is required to take corrective action.**

FNS publishes quarterly timeliness data for each State agency. Quarterly data represents a rolling 6-month average and has a lag of approximately 4 months between the time the data is collected and its publication. Nonetheless, the data can be effective in flagging timeliness problems, particularly because in many cases timeliness issues develop and persist over time. FNS combines the reviewed cases and publishes an annual FNS APT rate for each State agency in July of each year. This annual FNS APT rate reflects the State agency's timeliness from the previous fiscal year.

For more information on the FNS APT rate, please reference the memorandum dated June 2, 2017, Clarification on the Three Ways Initial SNAP Application Processing Timeliness is Measured.

In addition to the FNS APT rate from the QC sample, State agencies may also generate their own APT rate. State APT rates provide a reasonable approximation to the FNS APT rate and are often more readily available than the FNS APT rate. If the entirety of the sampling universe is utilized for the State APT rates, the direct estimate will be used in place of the upper bound of the confidence interval. The State Agency Timeliness Data Protocol outlines how to calculate the State APT rate.

Poor Timeliness Escalation Procedure: The 5-Step Approach

The FNA requires State agencies to provide all eligible applicants with timely benefits. FNS considers an APT rate of 95 percent and above acceptable performance. State agencies are subject to the escalation procedures, described below, when their FNS APT rates fall below 90 percent.

Step 1: Pre-escalation and Identification
Step 2: APT CAP
Step 3: Advance Warning Letter
Step 4: Formal Warning Letter
Step 5: Sanction Administrative Funding

[1] The FNS APT rate in the context of corrective action throughout this document refers to the upper bound of the 95 percent confidence interval of the estimated sample APT rate calculated from available State agency data.

Escalation Procedures Rollout

In order to appropriately target State agencies with chronic timeliness issues, State agencies with an FNS APT rate below 85 percent for the two most recent consecutive quarters available as of October 1, 2023, will immediately proceed to Step 2. State agencies where the most recent quarter of APT data is between 85-90 percent, as of October 1, 2023, will follow Step 1.

Step 1: Pre-escalation and Identification

FNS may use the FNS annual or quarterly APT rate to initiate the escalation process. The first time a State agency has a FNS APT rate below 90 percent on a QC quarterly or annual report, FNS will inform the State agency and offer technical assistance to identify the root cause(s) of poor timeliness and methods to improve timeliness. If the State agency's FNS APT rate falls below 90 percent for a second consecutive quarter, FNS will request an initial timeliness-specific corrective action plan (APT CAP).

While two consecutive quarters below 90 percent indicates a trend of poor performance, FNS also recognizes that large drops in timeliness between quarters warrants immediate attention. FNS reserves the right to immediately engage in the escalation procedures and request an APT CAP for any State agency whose timeliness falls below 80 percent in a single quarter. FNS will not use State agency-generated timeliness data to initiate the APT escalation process. However, the State agency can use their own timeliness data to demonstrate progress towards the achievement of benchmarks throughout the escalation process.

In addition to FNS and State APT data, FNS may also rely on other valid sources of information to capture the most current picture of timeliness. This additional information, such as backlog data, findings from an EBT management evaluation (ME) or other ME, and advocate or media reports will assist FNS in providing technical assistance to the State agency.

Step 2: APT CAP

When a State agency has a FNS APT rate below 90 percent for two consecutive quarterly reports (or, as of October 1, 2023, the two most recent quarterly reports show a rate below 85 percent), FNS will require the State agency to create or update an APT CAP. The request will outline the minimum requirements that the State agency must include in its APT CAP. FNS expects to see continuous improvement in timeliness rates. If a State agency fails to make sufficient progress towards benchmarks within the APT CAP, State agencies may be escalated.

Benchmarks

FNS will set the benchmark(s) and associated timeframes through review of current and historical APT data including the State agency's history of APT CAPs. The benchmarks will require a State agency to improve its APT rate by a certain percentage every set number of months.

Benchmarks may include:

- Achieving an intermediary APT rate (e.g., 90 percent),
- Improving an APT rate by a certain percentage, or
- Clearing a backlog in new applications or expedited applications by a specified date.

The minimum benchmark for improvement shall be at least 5 percentage points every 6 months. When setting benchmarks, FNS will consider realistic progress that a State agency can make within a specified timeframe taking into consideration current State agency initiatives.

Corrective Action Plan

State agencies must follow the processes described in 7 CFR 275.16 and 7 CFR 275.17 when planning for and creating an APT CAP. FNS can provide technical assistance to the State agency in identifying the root cause(s) of the timeliness problem and in identifying steps the State agency can take to address the root cause(s). For example, FNS can facilitate calls with the State agency's systems, policy, and integrity personnel. These calls can be used to share information and best practices from State agencies with recent improvements or sustained high timeliness performance; discuss waivers and State options that may assist timeliness; and provide consultation on business process reengineering (BPR).

FNS will review the APT CAP and provide feedback on any necessary improvements. As part of the CAP, FNS will require monthly submission of State calculated APT rates. Once the APT CAP is acceptable, FNS will inform the State agency in writing.

With the submission of its initial APT CAP, the State agency may present FNS with State agency-calculated timeliness data following the State Agency Timeliness Data Protocol for the preceding 6 months to demonstrate how recent actions may have improved timeliness. The State agency-calculated data may help to support activities that the State agency will include in the APT CAP and may guide FNS in its review of the APT CAP. FNS will review this data to ensure the State agency collects it in accordance with the State Agency Timeliness Data Protocol and other applicable standards.

State agencies must submit ongoing updates to their APT CAP to FNS by May 1 and November 1 of each year. These updates should include specific progress made with each activity outlined in the State agency's APT CAP and any effect on its APT rate that the activity has made. FNS will review each State agency's update and may adjust milestones to encourage progress towards an APT rate of 95 percent. FNS will communicate any new or adjusted benchmarks in its response to each APT CAP update.

Release from APT CAP

FNS will release the State agency from the APT CAP when the State agency has a FNS APT rate of 95 percent for two consecutive quarterly reports or State agency data following the State Timeliness Agency Data Protocol validated by FNS shows an APT rate of 95 percent for 6 consecutive months. If there is a significant discrepancy between the FNS and State APT rates where one rate falls below 95 percent, FNS will investigate further prior to

releasing the State agency. FNS will send the State agency a letter releasing the State agency from the APT CAP.

Step 3: Advance Warning Letter

When a State agency fails to meet benchmarks set by FNS through the APT CAP process, or refuses to engage in the APT CAP process, FNS will send an Advance Warning Letter in accordance with 7 CFR 276.4(d)(1). This letter will alert the State agency it is at risk of receiving a Formal Warning Letter if it does not meet the benchmarks outlined in the Advance Warning Letter by the specified timeframe. FNS expects to see continuous improvement in timeliness rates. If a State agency fails to progress to the satisfaction of FNS, FNS may escalate to Formal Warning. FNS may also issue a Formal Warning Letter without first issuing an Advance Warning Letter to expedite the escalation procedure after noncompliance or lack of progress during the APT CAP stage.

Benchmarks

FNS will set the benchmark(s) and associated timeframes through review of APT data and current circumstances. Refer to Benchmarks under Step 2 for details.

State agencies that previously refused to engage in the APT CAP process must submit an APT CAP to FNS within 30 calendar days of receipt of the Advance Warning Letter.

Revised Corrective Action Plan

State agencies that failed to meet benchmarks of their APT CAP must revise their APT CAP and submit it to FNS within 30 calendar days of receipt of the Advance Warning Letter. The revised APT CAP must specifically indicate which previous activities were ineffective and why. It must also specify which activities will continue (and how the State agency will adjust the activity to be effective) and any new activities that the State agency plans to implement. FNS will review the revised APT CAP and provide feedback and guidance to the State agency. FNS will accept the APT CAP when it is to FNS's satisfaction. FNS can provide technical assistance to the State agency to refine and help identify new activities targeting the timeliness problem. For example, FNS can send "call for action" letters to State agency leadership or provide State agency exchange funds to support sharing of best practices between State agencies.

For details on initial APT CAPs including the use of State agency-calculated timeliness data, please refer to Corrective Action Plan under Step 2.

During this stage, FNS will work closely with the State agency and will require progress reports towards the specified benchmarks. These progress reports will include monthly updates, at a minimum, on the State calculated APT rate. FNS will also meet with State agencies monthly, at a minimum, to review data and progress reports and discuss any additional action or technical assistance needed.

Release from the APT CAP and Escalation

FNS will release the State agency from the APT CAP and escalation procedures when the State agency has a FNS APT rate of 95 percent for two consecutive quarterly reports or State agency data following the State Agency Timeliness Data Protocol validated by FNS shows an APT rate of 95 percent for 6 consecutive months. FNS will send the State agency a letter closing the Advance Warning and releasing the State agency from the APT CAP and escalation procedures.

Step 4: Formal Warning Letter

When a State agency fails to progress to the satisfaction of FNS through the Advance Warning process, FNS will send a Formal Warning Letter in accordance with 7 CFR 276.4(d)(2). FNS may also issue a Formal Warning Letter without first issuing an Advance Warning Letter to expedite the escalation procedure after noncompliance with the APT CAP. FNS will alert the State agency that it is at risk of having Federal funds suspended, disallowed, or both if it does not meet the benchmarks outlined in the Formal Warning Letter by the specified timeframe. The letter will document the amount of Federal funds that will be suspended or disallowed (or an estimate if the actual amount is not available) if the APT issue is escalated further.

Benchmarks

FNS will set the benchmark(s) and associated timeframes through review of APT data and current circumstances. Refer to Revised Corrective Action Plan under Step 2 for details on revising the APT CAP. Refer to Benchmarks under Step 2 for details.

Revised Corrective Action Plan

The State agency must revise its APT CAP and submit it to FNS within 30 calendar days of receiving the Formal Warning Letter. FNS can provide technical assistance to the State agency, such as holding meetings between FNS leadership and State agency leadership.

During this stage, FNS will work closely with the State agency and will determine the frequency of communication (e.g. monthly or weekly) with State agencies to review State calculated APT rates, metrics and progress towards meeting APT CAP benchmarks, and tailor any additional action or TA provided to State agencies' needs.

Release from APT CAP and Escalation

FNS will release the State agency from the APT CAP and escalation procedures when the State agency has a FNS APT rate of 95 percent for two consecutive quarterly reports or State agency data following the State Agency Timeliness Data Protocol validated by FNS shows an APT rate of 95 percent for 6 consecutive months. FNS will send the State agency a letter closing the Formal Warning and releasing the State agency from the APT CAP and escalation procedures.

Step 5: Sanction Administrative Funding

If a State agency fails to submit a satisfactory APT CAP within 30 calendar days of receiving the Formal Warning letter, or fails to achieve the commitments in its APT CAP by the dates specified in the APT CAP, FNS will take action to suspend or disallow Federal funds afforded to the State agency (7 CFR 276.4(e)).

Policy Implementation Date

This policy will be effective October 1, 2023. FNS will use the most recent FNS quarterly APT data with a rolling 6-month average APT rate to begin escalation procedures. See *Escalation Procedures Rollout* for more information.

State Agency Timeliness Data Protocol

This data protocol provides State agencies guidance on how to gather certification data to generate their own APT rate. State APT rates can often be calculated and made available more readily than the FNS APT rate.

This protocol uses the entire universe of State agency SNAP cases for a given period of time instead of a sample of case files like the FNS APT rate. If the entirety of sampling universe is utilized for the State APT rates, the direct estimate will be used in place of the upper bound of the confidence interval. The State APT rate also includes applications pended due to missing verifications, whereas such cases are excluded from the FNS APT rate. Lastly, the APT rate includes an estimation of the length of time it takes to load benefits on an EBT card once the household is approved, whereas the FNS APT rate directly measures this amount of time and includes it in the number of processing days.

Using certification data instead of reviewing sampled cases during a case file review allows the State agency to generate a timely APT rate that can be used by the State agency and FNS to track progress and determine if corrective action strategies have the intended impact on the State agency's APT performance. FNS will validate State agency-generated APT rates by following the procedures outlined in the Data Validation section of this Protocol.

State APT Rate Formula

A State agency calculates the State APT rate by dividing the number of SNAP applications approved within the 7 or 30-day processing requirement by the total number of applications approved within a specified timeframe.

$$\textbf{State APT Rate} = \frac{\text{\# Applications Approved Timely}}{\text{Total Applications Approved}} \times 100$$

Definitions

# of Applications Approved Timely: Within a specified timeframe, the number of SNAP initial applications subject to the 7-day processing requirements that were certified to receive benefits by the 7th day from the date of application plus the number of SNAP initial applications subject to the 30-day processing requirements that were certified to receive benefits by the 30th day from the date of application.

Date of Application: The date the State agency receives a SNAP initial application with the minimum requirement of a name, address and signature of the applicant or authorized representative.

Date of Certification: The date the State agency certifies a SNAP initial application for SNAP.

Date of Issuance: The date that SNAP benefits are available for a certified SNAP initial applicant to use.

Opportunity to Participate: An applicant certified for SNAP must receive an active EBT card, EBT PIN and have their benefits posted to their EBT card for use by the 30th day or 7th day for applicants that meet expedited service criteria. While actual case files are used to accurately determine opportunity to participate for QC purposes, this protocol uses a universe of certification data pulled from an eligibility system where all factors needed to determine Opportunity to Participate may not be readily available. For this reason, *the Date of Issuance will be used as a reasonable proxy for Opportunity to Participate in this data protocol*.

Properly Pended for Missing Verification (Properly Pended): A SNAP initial application that is pended on the 30th day from the date of application because the applicant has not submitted required verification requested by the State agency and the State agency has assisted, notified, and provided sufficient time for the actions outlined in 7 CFR 273.2(h)(1)(i). SNAP initial applications properly pended (for applicant delay in providing verification) are excluded from the FNS APT Rate. An approved SNAP initial application that is pended for any other reason is **not** excluded from the FNS APT rate and therefore considered untimely. While actual case files are used to accurately determine if an application was properly pended due to a client's delay in providing verification for QC purposes, this protocol uses a universe of certification data pulled from an eligibility system where all factors needed to determine properly pended are unlikely to be available. For this reason, this protocol will **not** adjust for properly pended applications.

SNAP Initial Application: An application to receive benefits from SNAP, including multi-program applications where the applicant has identified SNAP, from an applicant not currently receiving SNAP from the State agency. Applications submitted within 30 days after the end of the certification period should be treated as an application for recertification and is not included in the APT rate.

SNAP Recertification Application: An application to continue receiving benefits from SNAP from an applicant currently receiving SNAP from the State agency or from an applicant whose certification period expired within the last 30 days from date of application.

State APT Rate: Application Processing Timeliness (APT) rate is the percent of a State agency's certified initial SNAP applications approved within 7 or 30-day SNAP statutory processing requirements.

Total Applications Approved: Within a specified timeframe, the total number of SNAP initial applications, including those applications that make up the "# of Applications Approved Timely."

Gathering and Analyzing the Data

Data Pull: Send with first submission of State APT data and when requested by FNS

- Collect the following data elements for any SNAP initial application with a *Date of Certification* within [month] [year] from the eligibility system:
    - Case Number

- Date of Application
- Expedite Indicator
- Date of Certification
- Date of Issuance
- Number of Days (from Date of Application to Date of Issuance)
- Timeliness Determination

Data Analysis

- Determine Expedited Timeliness:
  - For records with an expedited indicator, determine the number of days from the Date of Application to the Date of Issuance. If the number of days is less than or equal to 7, flag as timely. If not, flag as untimely.
- Determine Regular Timeliness:
  - For records without an expedited indicator, determine the number of days from the Date of Application to the Date of Issuance. If the number of days is less than or equal to 30, flag as timely. If not, flag as untimely.
- Determine # of Applications Approved Timely:
  - Count the number of records flagged as timely.
- Determine Total Applications Approved:
  - Count the number of records flagged as both timely and untimely.

Calculate APT Rate

- Divide the # of Applications Approved Timely by the Total Applications Approved. Multiply this number by 100 to get that month's APT rate.

Example State Agency Data Pull

All applications with a certification date within the month of April 2023.

Determine Timeliness (columns in red)

Case Number	Date of Application	Expedite Indicator	Date of Certification	Date of Issuance	# of Days	Timely?
2345678	4/3/2023		4/28/2023	5/1/2023	28	Yes
3456789	3/24/2023		4/10/2023	4/11/2023	18	Yes
4567890	4/5/2023	x	4/7/2023	4/10/2023	5	Yes
5678901	3/3/2023		4/3/2023	4/4/2023	32	No
7890123	2/17/2023		4/14/2023	4/17/2023	59	No
8901234	4/3/2023	x	4/10/2023	4/11/2023	8	No

Determine Numerator and Denominator

Number of applications approved timely = 3 (Numerator)
Total number of applications approved = 6 (Denominator)

Calculate APT Rate

APT Rate = 3/6 x 100 = 50%

Monthly Timeliness Rate

For a monthly timeliness rate, the data for the numerator and denominator will be those applications approved within a month regardless of the date of application.

For example, if the State agency approved 10,000 applications in May and 9,000 of those approved applications were approved by the 7 or 30-day processing requirement, the State agency's APT rate would be 90 percent (9,000 divided by 10,000 = 0.90 x 100 = 90.00 percent).

6-Month Timeliness Rate

For a 6-month timeliness rate, the data for the numerator and denominator will be those applications approved over the 6-month period regardless of the date of application.

For example, if the State agency approved 150,000 applications between January and June and 100,000 of those approved applications were approved by the 7 or 30-day processing requirement, the State agency's APT rate would be 67 percent (100,000 divided by 150,000 = .6667 x 100 = 66.67 percent).

Data Provided to FNS

The State agency should provide FNS with the numerator and denominator for each month along with the calculated rate in Excel format.

For example: For a monthly timeliness rate, the State agency would submit the following report:

	March
Approved Timely	13,456
Total Approved	25,678
Rate	**52.40%**

For a 6-month timeliness rate, the State agency would submit the following report:

	March	April	May	June	July	August	**Total**
Approved Timely	13,546	12,980	15,691	15,908	16,023	14,307	**88,455**
Total Approved	25,678	26,871	25,487	25,558	24,601	25,866	**154,061**
						6-month rate:	**57.42%**

When applicable, the State agency should submit reports that are broken down by county, region, or district/local office in order to better pinpoint areas of concern within the State agency.

Data Validation

The protocol below outlines how FNS will take steps to validate State agency data pulled under the State Agency Timeliness Data Protocol.

Tier one data validation

After a State agency's first data submission using the State Agency Timeliness Data Protocol, FNS must assess the methodology the State agency is using to pull the timeliness data to make sure the State agency is using the protocol correctly. Some examples of questions to ask include:

- Does the data pull contain the entire caseload?
- Are all data elements present?
  - Case Number
  - Date of Application
  - Expedited Indicator
  - Date of Certification
  - Date of Issuance
  - Number of Days (from Date of Application to Date of Issuance)
  - Timeliness Determination
- What field is the State agency using to determine the application date?
- What indicator is the State agency using to determine expedited?
- What field is the State agency using to determine the certification date?
- Is the issuance date from the EBT system or eligibility system?
- Can FNS replicate the State APT rate from the data provided?

FNS must work with the State agency to clear any discrepancies noted during tier one data validation until FNS can consistently replicate the State APT rate.

Tier two data validation

FNS must complete this tier of validation before releasing a State agency from an APT CAP and the escalation procedures if using the State APT rate as the data source for release *and*

the data is inconsistent (+/- more than five percent) with the FNS APT for the same timeframe.

FNS should review enough cases (20-30) to confirm the State agency system is coding timeliness correctly. These cases need to be representative of each action type (e.g., timely expedited, untimely expedited, timely regular, untimely regular). FNS should select cases in an unbiased way, such as using a systematic random sample. The review consists of confirming the case record data for the sampled cases matches the information in the State Agency Data Pull for the following items:

- Case Number
- Date of Application
- Expedited Indicator
- Date of Certification
- Date of Issuance

FNS should address any errors identified with the State agency to resolve the State agency reported APT discrepancy for the sampled cases and similar cases. Once identified errors are resolved FNS should review an additional sample to confirm resolution.

Error Analysis (optional)

FNS may choose to conduct an error analysis at any time to help identify root causes of a State agency's poor APT rate. This will allow FNS to provide informed technical assistance and to confirm State agency corrective action initiatives are appropriate. Error analysis is not to validate the State agency QC decision for timeliness, or the State agency system timeliness coding, but to identify the reason the actions are untimely. While not all-inclusive, some common reasons include:

- File date entered incorrectly,
- Failed to identify eligibility for expedited benefits,
- Failed to properly pend for missing verification,
- Untimely issuance (processed timely but client does not have access to benefits), or
- Started action too late to process timely. Note: This is a good indicator of workload management and/or staffing issues.

Error Analysis of QC "Untimely"

This review is most beneficial just before, or when first requesting a corrective action plan from the State agency. Additional information from the State agency is unnecessary when using QC cases for the review. FNS should review QC cases with Item 68. Timeliness of Application Processing (Expedited and 30-Day Requirement) coded "Not timely" to identify the reason the actions are untimely and common error trends the State should address in their corrective action plan.

Error Analysis of State Agency Data Pull "Untimely"

This review is beneficial when the State agency has made little or no timeliness improvement for six or more months after implementation of their corrective action plan. FNS should review enough untimely cases from the State Agency Data Pull to identify the reason the actions are untimely and common error trends the State agency still needs to address. The sample should only include untimely cases with expedited and regular actions represented proportionally. FNS should select cases in an unbiased way, such as using a systematic random sample. The size of the sample can vary based on historical knowledge of State agency timeliness trends and the scope of the current timeliness issues. For example, FNS may select and review an initial sample of 30-50 untimely actions which clearly identify error trends. However, if no trends emerge from the initial sample, an additional sample may help identify the common error trends the State agency needs to address.

P-Ex. 31

FY 2012 Application Processing Timeliness

FNS evaluates application timeliness (APT) as part of the quality control (QC) review process. State QC reviewers evaluate APT during the State QC review. For States potentially eligible for performance bonuses (the top 10 or so), Federal QC reviewers validate timeliness for all cases and Federal/State disagreements about timeliness are subject to arbitration. Timeliness is calculated by dividing the number of cases timely processed by the number of cases subject to the timeliness measure. A case is considered processed timely if the household has an opportunity to participate within seven days of the application date for expedited service cases and within 30 days of the application date for regular processing cases. This measure is not a strict measure of regulatory compliance. In some cases, applicant-caused delay (such as missing an interview on an expedited application) may result in the action being coded as untimely although the State agency was in full compliance with program regulations. Cases that are properly pended for the household's failure to provide verification are excluded from the measure.

1	IDAHO	99.28	28	INDIANA	88.25
2	NEW MEXICO	97.85	29	NORTH CAROLINA	87.62
3	KENTUCKY	97.26	30	MASSACHUSETTS	87.44
4	NORTH DAKOTA	96.62	31	MARYLAND	87.29
5	DIST. OF COL.	96.41	32	WISCONSIN	87.14
6	VIRGIN ISLANDS	95.38	33	ARKANSAS	85.98
7	SOUTH DAKOTA	94.71	34	KANSAS	85.87
8	MINNESOTA	94.06	35	IOWA	85.51
9	UTAH	94.04	36	MISSOURI	84.72
10	MISSISSIPPI	93.88	37	CALIFORNIA	84.71
11	WEST VIRGINIA	93.82	38	DELAWARE	84.62
12	MONTANA	93.29	39	SOUTH CAROLINA	82.77
13	ALASKA	93.08	40	NEVADA	81.96
14	ARIZONA	93.07	41	HAWAII	81.77
15	OREGON	92.98	42	GEORGIA	81.08
16	OKLAHOMA	92.05	43	LOUISIANA	80.47
17	VIRGINIA	91.98	44	OHIO	79.56
18	FLORIDA	91.91	45	TENNESSEE	78.81
19	MICHIGAN	91.86	46	ALABAMA	78.65
20	COLORADO	91.64	47	PENNSYLVANIA	75.78
21	NEW HAMPSHIRE	91.58	48	VERMONT	73.60
22	MAINE	91.54	49	GUAM	72.22
23	RHODE ISLAND	91.49	50	NEBRASKA	70.07
24	NEW YORK	90.38	51	ILLINOIS	66.03
25	WASHINGTON	90.22	52	NEW JERSEY	60.70
26	WYOMING	88.93	53	CONNECTICUT	56.71
27	TEXAS	88.63			

FY 2013 Application Processing Timeliness

FNS evaluates application timeliness (APT) as part of the quality control (QC) review process. State QC reviewers evaluate APT during the State QC review. For States potentially eligible for performance bonuses (the top 10 or so), Federal QC reviewers validate timeliness for all cases and Federal/State disagreements about timeliness are subject to arbitration. Timeliness is calculated by dividing the number of cases timely processed by the number of cases subject to the timeliness measure. A case is considered processed timely if the household has an opportunity to participate within seven days of the application date for expedited service cases and within 30 days of the application date for regular processing cases. This measure is not a strict measure of regulatory compliance. In some cases, applicant-caused delay (such as missing an interview on an expedited application) may result in the action being coded as untimely although the State agency was in full compliance with program regulations. Cases that are properly pended for the household's failure to provide verification are excluded from the measure.

1	IDAHO	98.98	28	WEST VIRGINIA	90.10
2	NEW MEXICO	98.64	29	MARYLAND	89.78
3	KENTUCKY	98.41	30	MICHIGAN	89.52
4	DIST. OF COL.	97.62	31	MONTANA	88.62
5	NORTH DAKOTA	97.24	32	ALASKA	87.88
6	SOUTH DAKOTA	96.02	33	INDIANA	87.86
7	MISSISSIPPI	95.13	34	LOUISIANA	87.17
8	COLORADO	94.94	35	CALIFORNIA	86.57
9	FLORIDA	94.07	36	ALABAMA	85.88
10	UTAH	93.75	37	VERMONT	85.58
11	TEXAS	93.53	38	DELAWARE	85.51
12	WASHINGTON	93.10	39	MASSACHUSETTS	83.78
13	MAINE	92.51	40	VIRGIN ISLANDS	83.36
14	KANSAS	92.36	41	MISSOURI	82.88
15	HAWAII	91.95	42	ILLINOIS	82.13
16	NEW YORK	91.89	43	OHIO	80.47
17	RHODE ISLAND	91.87	44	PENNSYLVANIA	80.00
18	WISCONSIN	91.85	45	GUAM	78.67
19	VIRGINIA	91.57	46	TENNESSEE	78.44
20	MINNESOTA	91.52	47	GEORGIA	77.99
21	OKLAHOMA	91.50	48	SOUTH CAROLINA	76.76
22	ARIZONA	91.21	49	NORTH CAROLINA	75.36
23	NEW HAMPSHIRE	91.12	50	NEVADA	73.90
24	IOWA	90.64	51	NEW JERSEY	68.81
25	OREGON	90.58	52	NEBRASKA	68.03
26	ARKANSAS	90.57	53	CONNECTICUT	57.36
27	WYOMING	90.18			

USDA United States Department of Agriculture

FY 2014 Application Processing Timeliness

FNS evaluates application timeliness (APT) as part of the quality control (QC) review process. State QC reviewers evaluate APT during the State QC review. For States potentially eligible for performance bonuses (the top 10 or so), Federal QC reviewers validate timeliness for all cases and Federal/State disagreements about timeliness are subject to arbitration. Timeliness is calculated by dividing the number of cases timely processed by the number of cases subject to the timeliness measure. A case is considered processed timely if the household has an opportunity to participate within seven days of the application date for expedited service cases and within 30 days of the application date for regular processing cases. This measure is not a strict measure of regulatory compliance. In some cases, applicant-caused delay (such as missing an interview on an expedited application) may result in the action being coded as untimely although the State agency was in full compliance with program regulations. Cases that are properly pended for the household's failure to provide verification are excluded from the measure.

1	IDAHO		99.61
2	NORTH DAKOTA		97.14
3	WISCONSIN		95.87
4	MISSISSIPPI		94.88
5	WYOMING		94.70
6	DIST. OF COL.		94.53
7	HAWAII		94.41
8	VIRGIN ISLANDS		93.66
9	OKLAHOMA		93.63
10	VIRGINIA		93.32
11	MONTANA		93.29
12	WASHINGTON		93.13
13	NEW HAMPSHIRE		92.89
14	ARKANSAS		92.42
15	RHODE ISLAND		91.93
16	ARIZONA		91.92
17	COLORADO		91.91
18	SOUTH DAKOTA		91.85
19	OREGON		91.72
20	WEST VIRGINIA		91.15
21	INDIANA		90.91
22	KENTUCKY		90.21
23	TEXAS		90.06
24	UTAH		89.64
25	MINNESOTA		89.46
26	SOUTH CAROLINA		89.40
27	IOWA		89.10

28	FLORIDA		88.65
29	KANSAS		88.24
30	CALIFORNIA		86.82
31	MARYLAND		86.74
32	NEW MEXICO		85.75
33	ALASKA		85.66
34	MICHIGAN		85.58
35	PENNSYLVANIA		85.54
36	MASSACHUSETTS		85.05
37	ALABAMA		84.91
38	LOUISIANA		84.67
39	TENNESSEE		84.59
40	MAINE		84.25
41	MISSOURI		84.00
42	NEVADA		83.93
43	NEW YORK		83.36
44	CONNECTICUT		80.21
45	OHIO		79.72
46	VERMONT		79.46
47	GUAM		78.31
48	NEW JERSEY		76.57
49	DELAWARE		73.93
50	NORTH CAROLINA		72.63
51	NEBRASKA		65.80
52	GEORGIA		64.82
53	ILLINOIS		63.36

USDA United States Department of Agriculture

Fiscal Year 2015 Application Processing Timeliness

The Food and Nutrition Service evaluates application processing timeliness (APT) as part of the quality control (QC) review process. State QC reviewers evaluate APT during the State QC review. For States potentially eligible for performance bonuses (the top 10 or so), Federal QC reviewers validate timeliness for all cases and Federal/State disagreements about timeliness are subject to arbitration. Timeliness is calculated by dividing the number of cases timely processed by the number of cases subject to the timeliness measure. A case is considered processed timely if the household has an opportunity to participate within seven days of the application date for expedited service cases and within 30 days of the application date for regular processing cases. This measure is not a strict measure of regulatory compliance. In some cases, applicant-caused delay (such as missing an interview on an expedited application) may result in the action being coded as untimely although the State agency was in full compliance with program regulations. Cases that are properly pended for the household's failure to provide verification are excluded from the measure.

1.	IDAHO	99.13	
2.	NEW MEXICO	98.63	
3.	NEW HAMPSHIRE	96.94	
4.	NORTH DAKOTA	96.38	
5.	WYOMING	96.32	
6.	UTAH	95.71	
7.	ALABAMA	95.60	
8.	OREGON	95.54	
9.	OKLAHOMA	95.16	
10.	DIST. OF COL.	95.08	
11.	FLORIDA	94.57	
12.	HAWAII	94.43	
13.	SOUTH DAKOTA	94.39	
14.	CONNECTICUT	94.35	
15.	COLORADO	94.13	
16.	KENTUCKY	94.03	
17.	MINNESTOTA	93.93	
18.	MONTANA	93.71	
19.	PENNSYLVANIA	93.59	
20.	WISCONSIN	93.33	
21.	ARKANSAS	93.26	
22.	RHODE ISLAND	93.23	
23.	ARIZONA	92.93	
24.	MISSISSIPPI	92.50	
25.	VIRGINIA	91.48	
26.	VERMONT	91.35	
27.	NEVADA	91.15	
28.	NEBRASKA	90.68	
29.	WASHINGTON	90.67	
30.	TENNESSEE	90.53	
31.	INDIANA	90.26	
32.	LOUISIANA	90.15	
33.	MICHIGAN	89.84	
34.	CALIFORNIA	89.64	
35.	SOUTH CAROLINA	88.93	
36.	GUAM	88.73	
37.	TEXAS	88.57	
38.	KANSAS	88.41	
39.	NEW YORK	87.08	
40.	MARYLAND	86.42	
41.	OHIO	86.27	
42.	VIRGIN ISLANDS	85.92	
43.	NEW JERSEY	85.25	
44.	ILLINOIS	84.82	
45.	WEST VIRGINIA	84.54	
46.	MASSACHUSETTS	83.16	
47.	NORTH CAROLINA	82.69	
48.	MISSOURI	81.45	
49.	IOWA	80.82	
50.	GEORGIA	80.50	
51.	MAINE	78.98	
52.	DELAWARE	75.00	
53.	ALASKA	73.54	

Data as of September 29, 2016

United States Department of Agriculture

Fiscal Year 2016 Application Processing Timelines

The Food and Nutrition Service evaluates application processing timeliness (APT) as part of the quality control (QC) review process. State QC reviewers evaluate APT during the State QC review. For States potentially eligible for performance bonuses (the top 10 or so), Federal QC reviewers validate timeliness for all cases and Federal/State disagreements about timeliness are subject to arbitration. Timeliness is calculated by dividing the number of cases timely processed by the number of cases subject to the timeliness measure. A case is considered processed timely if the household has an opportunity to participate within seven days of the application date for expedited service cases and within 30 days of the application date for regular processing cases. This measure is not a strict measure of regulatory compliance. In some cases, applicant-caused delay (such as missing an interview on an expedited application) may result in the action being coded as untimely although the State agency was in full compliance with program regulations. Cases that are properly pended for the household's failure to provide verification are excluded from the measure.

1	IDAHO	98.58	28	MONTANA	91.69
2	COLORADO	98.18	29	CALIFORNIA	91.47
3	CONNECTICUT	97.52	30	MAINE	91.14
4	NORTH DAKOTA	97.25	31	VIRGINIA	90.75
5	NEVADA	96.63	32	WASHINGTON	90.22
6	PENNSYLVANIA	95.98	33	TEXAS	90.00
7	WISCONSIN	95.92	34	MICHIGAN	89.52
8	WYOMING	95.62	35	NEW YORK	89.45
9	OREGON	95.36	36	VERMONT	89.37
10	OKLAHOMA	95.19	37	MASSACHUSETTS	89.25
11	LOUISIANA	94.88	38	WEST VIRGINIA	88.93
12	MISSISSIPPI	94.79	39	ARKANSAS	88.56
13	SOUTH DAKOTA	94.77	40	GEORGIA	88.51
14	HAWAII	94.64	41	MISSOURI	87.71
15	KENTUCKY	94.58	42	MINNESOTA	87.71
16	NEBRASKA	94.54	43	TENNESSEE	87.14
17	OHIO	94.40	44	MARYLAND	87.00
18	UTAH	93.99	45	NEW MEXICO	86.81
19	ARIZONA	93.69	46	SOUTH CAROLINA	86.72
20	INDIANA	93.59	47	VIRGIN ISLANDS	86.15
21	RHODE ISLAND	93.53	48	IOWA	85.92
22	DIST. OF COL.	93.09	49	NEW JERSEY	85.78
23	ALABAMA	92.81	50	DELAWARE	85.26
24	FLORIDA	92.79	51	GUAM	80.52
25	NORTH CAROLINA	92.67	52	ALASKA	79.15
26	KANSAS	92.39	53	ILLINOIS	71.89
27	NEW HAMPSHIRE	92.24			

Date as of September 7, 2017

USDA United States Department of Agriculture

Fiscal Year 2017 Application Processing Timelines

The Food and Nutrition Service evaluates application processing timeliness (APT) as part of the quality control (QC) review process. State QC reviewers evaluate APT during the State QC review. For States potentially eligible for performance bonuses (the top 10 or so), Federal QC reviewers validate timeliness for all cases and Federal/State disagreements about timeliness are subject to arbitration. Timeliness is calculated by dividing the number of cases timely processed by the number of cases subject to the timeliness measure. A case is considered processed timely if the household has an opportunity to participate within seven days of the application date for expedited service cases and within 30 days of the application date for regular processing cases. This measure is not a strict measure of regulatory compliance. In some cases, applicant-caused delay (such as missing an interview on an expedited application) may result in the action being coded as untimely although the State agency was in full compliance with program regulations. Cases that are properly pended for the household's failure to provide verification are excluded from the measure.

1	IDAHO	99.66	28	SOUTH DAKOTA	92.73
2	PENNSYLVANIA	98.67	29	NORTH DAKOTA	92.72
3	CONNECTICUT	97.95	30	KENTUCKY	92.47
4	UTAH	97.78	31	MINNESOTA	92.42
5	NEW MEXICO	97.67	32	MAINE	92.31
6	COLORADO	97.37	33	MASSACHUSETTS	92.18
7	ALABAMA	97.25	34	OHIO	91.85
8	NEW HAMPSHIRE	97.08	35	MISSISSIPPI	91.40
9	FLORIDA	96.62	36	VERMONT	90.86
10	NORTH CAROLINA	96.56	37	NEW YORK	90.77
11	DELAWARE	96.32	38	GEORGIA	89.57
12	WISCONSIN	96.15	39	MICHIGAN	88.89
13	INDIANA	96.00	40	MARYLAND	88.24
14	WYOMING	95.95	41	VIRGIN ISLANDS	87.50
15	MISSOURI	95.67	42	VIRGINIA	87.23
16	NEVADA	95.63	43	WEST VIRGINIA	87.01
17	HAWAII	95.28	44	IOWA	86.96
18	MONTANA	95.24	45	ILLINOIS	86.40
19	TEXAS	94.98	46	DIST. OF COL.	86.34
20	LOUISIANA	94.76	47	SOUTH CAROLINA	86.19
21	KANSAS	94.42	48	NEW JERSEY	85.87
22	OREGON	94.33	49	RHODE ISLAND	85.25
23	NEBRASKA	93.67	50	ALASKA	82.65
24	ARIZONA	93.49	51	ARKANSAS	82.47
25	CALIFORNIA	93.22	52	TENNESSEE	81.12
26	WASHINGTON	93.20	53	GUAM	69.64
27	OKLAHOMA	93.11			

USDA United States Department of Agriculture

Fiscal Year 2018 Reported Application Processing Timeliness

The Food and Nutrition Service evaluates application processing timeliness (APT) as part of the quality control (QC) review process. State QC reviewers evaluate APT during the State QC review. Timeliness is calculated by dividing the number of cases timely processed by the number of cases subject to the timeliness measure. A case is considered processed timely if the household has an opportunity to participate within seven days of the application date for expedited service cases and within 30 days of the application date for regular processing cases. This measure is not a strict measure of regulatory compliance. In some cases, applicant-caused delay (such as missing an interview on an expedited application) may result in the action being coded as untimely although the State agency was in full compliance with program regulations. Cases that are properly pended for the household's failure to provide verification are excluded from the measure.

States	Rates	State	Rate
Idaho	99.19	Massachusetts	92.56
New Mexico	98.68	North Carolina	92.51
Hawaii	98.50	Rhode Island	92.41
Pennsylvania	97.52	Virgin Islands	91.89
Wisconsin	97.39	Indiana	91.85
Nevada	96.68	Kansas	91.77
Connecticut	96.47	South Dakota	91.67
Florida	96.44	Alaska	91.21
Oregon	96.06	Kentucky	90.66
Nebraska	95.92	Arizona	90.37
Texas	95.63	Colorado	90.15
West Virginia	95.59	Mississippi	89.07
Missouri	95.26	New York	88.59
Louisiana	94.93	Virginia	88.09
California	94.79	Vermont	87.79
Wyoming	94.59	Iowa	87.54
Utah	94.18	Maryland	87.54
Montana	94.04	Arkansas	87.03
North Dakota	93.85	Maine	86.21
New Hampshire	93.79	Ohio	85.77
District Of Columbia	93.79	South Carolina	83.91
Michigan	93.70	New Jersey	81.36
Oklahoma	93.60	Tennessee	78.44
Delaware	93.01	Georgia	75.22
Minnesota	92.83	Illinois	69.63
Alabama	92.75	Guam	62.26
Washington	92.61		

April 22, 2022.

USDA United States Department of Agriculture

Fiscal Year 2019 Reported Application Processing Timeliness

The Food and Nutrition Service evaluates application processing timeliness (APT) as part of the quality control (QC) review process. State QC reviewers evaluate APT during the State QC review. Timeliness is calculated by dividing the number of cases timely processed by the number of cases subject to the timeliness measure. A case is considered processed timely if the household has an opportunity to participate within seven days of the application date for expedited service cases and within 30 days of the application date for regular processing cases. This measure is not a strict measure of regulatory compliance. In some cases, applicant-caused delay (such as missing an interview on an expedited application) may result in the action being coded as untimely although the State agency was in full compliance with program regulations. Cases that are properly pended for the household's failure to provide verification are excluded from the measure.

State	Rate	State	Rate
Idaho	99.71	Oregon	92.27
New Mexico	99.19	Ohio	91.55
Rhode Island	98.47	West Virginia	91.54
Florida	98.15	Montana	91.18
Wyoming	97.85	Tennessee	90.37
Nevada	97.70	Louisiana	90.37
Wisconsin	96.80	New Hampshire	90.24
Oklahoma	96.19	Massachusetts	90.20
Hawaii	96.17	Alabama	89.39
Alaska	96.11	Arkansas	88.96
Pennsylvania	95.93	New York	88.89
North Carolina	95.74	Missouri	88.63
Nebraska	95.74	Virginia	88.59
Utah	95.14	Michigan	88.34
Texas	95.06	North Dakota	88.28
Connecticut	95.03	Mississippi	88.07
Kentucky	94.98	Colorado	87.36
Washington	94.66	Maryland	86.87
Vermont	94.52	Illinois	86.05
South Dakota	94.02	New Jersey	85.51
Delaware	93.88	Georgia	82.84
District Of Columbia	93.84	Iowa	82.56
Arizona	93.80	Guam	81.25
Kansas	93.30	South Carolina	81.03
California	93.08	Virgin Islands	76.92
Indiana	92.54	Maine	75.82
Minnesota	92.48		

April 25, 2022.

United States Department of Agriculture

Fiscal Year 2022 Reported Application Processing Timeliness

The Food and Nutrition Service evaluates application processing timeliness (APT) as part of the quality control (QC) review process. State QC reviewers evaluate APT during the State QC review. Timeliness is calculated by dividing the number of cases timely processed by the number of cases subject to the timeliness measure. A case is considered processed timely if the household has an opportunity to participate within seven days of the application date for expedited service cases and within 30 days of the application date for regular processing cases. This measure is not a strict measure of regulatory compliance. In some cases, applicant-caused delay (such as missing an interview on an expedited application) may result in the action being coded as untimely although the State agency was in full compliance with program regulations. Cases that are properly pended for the household's failure to provide verification are excluded from the measure.

State	Rate	State	Rate
Idaho	100.00	Oklahoma	87.88
Wisconsin	97.74	Washington	87.44
Utah	96.77	Montana	86.61
Nevada	96.48	South Carolina	84.88
Illinois	96.09	Indiana	84.80
New Jersey	95.21	West Virginia	83.59
Wyoming	94.68	Tennessee	82.99
North Carolina	94.42	Michigan	82.72
Massachusetts	93.63	Texas	82.37
Alaska	93.51	Mississippi	81.00
Ohio	93.16	California	79.84
Connecticut	93.07	Delaware	79.41
Louisiana	92.94	Iowa	78.34
Pennsylvania	92.86	Missouri	77.21
New Hampshire	92.63	Hawaii	77.04
New Mexico	92.42	North Dakota	75.78
Rhode Island	91.74	Arkansas	75.20
Maine	90.70	Oregon	74.46
Arizona	90.46	Colorado	74.22
Kentucky	89.86	Kansas	74.03
Alabama	89.68	Florida	72.92
Vermont	89.36	New York	71.08
Nebraska	89.22	Georgia	68.00
Maryland	89.16	Virgin Islands	67.27
Virginia	89.11	Guam	65.93
South Dakota	88.89	District Of Columbia	42.86
Minnesota	87.98		

USDA Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

Fiscal Year 2023 Application Processing Timeliness

The Food and Nutrition Service evaluates application processing timeliness as part of the quality control (QC) review process. State QC reviewers evaluate timeliness during the State QC case review. Timeliness is calculated by dividing the number of applications timely processed by the number of applications subject to the timeliness measure. An application is considered processed timely if the household has an opportunity to participate within 30 days of the application date for regular processing or within 7 days of the application date for expedited service. This measure is not a strict measure of regulatory compliance. In some cases, applicant-caused delays (such as missing an interview on an expedited application) may result in the action being coded as untimely although the State agency was in full compliance with program regulations. Applications that are properly pended for the household's failure to provide verification are excluded from the measure.

State	Rate	State	Rate
Idaho	98.15	Mississippi	83.25
Wisconsin	97.45	Texas	82.70
Utah	96.35	West Virginia	82.61
Illinois	95.85	New Jersey	82.08
Alabama	94.30	California	82.07
Louisiana	94.12	Kansas	81.28
Washington	94.09	Oregon	79.84
Connecticut	93.81	Indiana	78.17
Nevada	93.58	Georgia	78.09
Ohio	92.54	Iowa	77.73
Wyoming	92.31	Michigan	77.66
Pennsylvania	92.06	Kentucky	76.14
North Carolina	91.98	Virgin Islands	75.44
New Hampshire	91.67	Hawaii	75.35
Arizona	91.47	Colorado	74.91
Nebraska	91.20	Montana	74.76
Vermont	90.30	South Carolina	71.49
Rhode Island	90.11	Tennessee	70.48
Delaware	89.72	Arkansas	67.38
Oklahoma	89.54	New Mexico	66.34
South Dakota	89.23	Florida	64.38
Maine	88.89	Guam	61.27
Virginia	87.73	New York	60.45
Massachusetts	85.91	North Dakota	52.94
Minnesota	85.89	District of Columbia	48.13
Missouri	85.32	Alaska	38.98
Maryland	84.80		

P-Ex. 32

Notice of Decision

With Denial Reason

“The household does not meet eligibility criteria.”

Appeal Number: 2402355874

Uploaded Attachment(s)

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: [redacted]

Case Number: 116540037

Customer ID: 213514722

Date: 02/05/2024

Family Assistance Service Center: 1-866-311-4287

Notice of Decision

SNAP

Your SNAP case will be terminated on February 29, 2024 for the following reason(s):

Reason
The household does not meet eligibility criteria

Please tell us if you need assistance with this notice because you have a disability or don't speak English. Free assistance is available. Contact the Family Assistance Service Center Number 1-866-311-4287 and/or the TTY number at 711. After the recorded message, you will reach an operator who can provide you with an interpreter.

Do you want to see if you can get free legal help?
Call Legal Services or Legal Aid at 615-244-6610.

If you have a health, learning, or nerve problem, you may have legal rights under the Americans with Disabilities Act (ADA):
You may also have these rights if you have a problem because a child or relative who lives with you has a health, learning, or nerve problem. If this applies to you, then:

If you cannot do something we asked you to do:

- We can help you do it, or
- We can change what you have to do.

Here are some of the ways we can help:

- We can call if you are not able to come to our office.
- We can tell you what this letter means.
- If you are on Families First, we can help if you cannot do something in your plan.
- We can help you to appeal.

If you need some other kind of help, ask us.

Call the Family Assistance Service Center at 1-866-311-4287.
You can talk about SNAP or Families First problems. This is a free call.

USDA Nondiscrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

Case 3:25-cv-00041 Document 23-34 Filed 01/24/25 Page 2 of 2 PageID #: 1801

P-Ex. 33

Initial Order

Related to NOD in P-Ex. 32A

STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES

Customer Name: [redacted]
Customer ID: 213514722

Appeal Number: 2402355874
Date: 07/18/2024

Attached is an Order issued in your appeal. If you disagree with my decision, you may file a petition and/or appeal of the decision.

Will Patton
DHS Administrative Judge

HOW TO FILE A PETITION OR APPEAL OF THE ORDER

Review of Initial Order

This Initial Order shall become a Final Order (reviewable as set forth below) fifteen (15) days after the entry date of this Initial Order (Tenn. Code Ann. § 4-5-314[b]), unless either or both of the following actions are taken:

(1) A party files a petition of appeal to the Department of Human Services (the Department), in writing stating the specific reasons why the Initial Order was incorrect, within fifteen (15) days after the entry date of the Initial Order. If this action occurs, there is no Final Order until review by the Department and entry of a new Final Order or adoption and entry of the Initial Order, in whole or in part, as the Final Order. A petition of appeal to the Department must be filed within the proper time period either by email at **AppealsClerksOffice.DHS@tn.gov** or by mail with the Division of Appeals and Hearings, Department of Human Services, ATTN: Commissioner's Designee, 505 Deaderick Street, Nashville, TN 37243 or you can fax your petition to us at (615) 248-7013. See Tenn. Code Ann. § 4-5-315 and Tenn. Comp. R. & Reg. 1240-05-09.

(2) A party files a petition for reconsideration of the Initial Order to the DHS Administrative Judge, in writing stating the specific reasons why the Initial Order was incorrect, within fifteen (15) days after the entry date of the Initial Order. This petition must be filed with the DHS Administrative Judge who entered the Initial Order either by e-mail at **AppealsClerksOffice.DHS@tn.gov** or by mail with the Division of Appeals and Hearings, Department of Human Services, ATTN: DHS Administrative Judge, 505 Deaderick Street, Nashville, TN 37243 or you can fax your petition to us at (615) 248-7013. A petition for reconsideration of the Initial Order is deemed denied by law if no action is taken within twenty (20) days of filing. A new fifteen (15) day period for the filing of an appeal to the Department (as set forth in paragraph (1) above) starts to run from the entry date of an order disposing of a petition for reconsideration, or from the twentieth day after the filing date of the petition, if no order is issued. See Tenn. Code Ann. §4-5-317 and Tenn. Comp. R. & Reg. 1240-05-05-.02 & Regs. 1240-05-09 on petitions for reconsideration. If the petition for reconsideration of the Initial Order is either denied by order of the DHS Administrative Judge or deemed denied by law and a petition of appeal of the Initial Order is not timely filed, the Initial Order shall become a Final Order by operation of law fifteen (15) days after the entry date of the order denying the

petition for reconsideration or the date the petition for reconsideration was deemed denied.

Review of Final Order

Within fifteen (15) days after entry of a Final Order, a party may file a petition for reconsideration of the Final Order, in which the petitioner shall state the specific reasons why the Final Order was incorrect. A petition for reconsideration of a Final Order is not permitted when the order became a Final Order by operation of law. The petition must be filed in writing with the Division of Appeals and Hearings by e-mail at **AppealsClerksOffice.DHS@tn.gov** or by mail with the Division of Appeals and Hearings, Department of Human Services, ATTN: Commissioner's Designee, 505 Deaderick Street, Nashville, TN 37243 or you can fax your petition to us at (615) 248-7013. If no action is taken within twenty (20) days of filing of the petition of the Final Order, it is deemed denied. See Tenn. Code Ann. §4-5-317 on petitions for reconsideration.

A party may petition the Department for a stay of the Final Order within seven (7) days after the entry date of the order. See Tenn. Code Ann. §4-5-316. The petition for stay of the Final Order must be filed in writing with the Division of Appeals and Hearings by e-mail at **AppealsClerksOffice.DHS@tn.gov** or by mail at the address in section (1) above or you can fax your petition to us at (615) 248-7013.

YOU WILL NOT RECEIVE FURTHER NOTICE OF THE INITIAL ORDER BECOMING A FINAL ORDER

Further, an appellant who is aggrieved by the Final Order may petition the court for judicial review in Chancery Court of the county of residence or in Davidson County within sixty (60) days of the entry date of the Final Order. See Tenn. Code Ann. §4-5-317 and Tenn. Code Ann. §4-5-322.

CC: Curstyn Molloy, Appeal Authorized Representative

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SNAP Program Area

Rachel P Gabriel, Program Coordinator, 505 Deaderick St, First Floor, NASHVILLE, DAVIDSON, TN 37243

STATE OF TENNESSEE

DEPARTMENT OF HUMAN SERVICES

[redacted], APPELLANT

VS

TENNESSEE DEPARTMENT OF HUMAN SERVICES

INITIAL ORDER

JURISDICTION

This case is adjudicated under 7 C.F.R. § 273.15 et seq., Tenn. Code Ann. § 4-5-301 et seq., and Tenn. Comp. R. & Regs. 1240-05-01 through 1240-05-15. After proper notice, this case came to be finally heard before DHS Administrative Judge Will Patton on July 5, 2024, upon the Request for Fair Hearing, testimony of witnesses, evidence presented at the hearing with all parties present, and upon the entire record.

People Present:

Ms. [redacted] mother, and authorized representative for Appellant (via telephone)

Ms. Rachel Gabriel, Program Coordinator, Department of Human Services (via telephone)

Mr. Andrew Love, Attorney for the Department (via telephone)

Mr. Leon Adkins, Appellant (via telephone)

Ms. Brianna Murphy, law clerk appearing for the Tennessee Justice Center (via telephone)

ISSUE

Whether the Department of Human Services (the Department) properly terminated the Appellant's Supplemental Nutrition Assistance Program (SNAP) benefits?

PLEADINGS, MOTIONS, AND INTERMEDIATE RULINGS

None.

EXHIBITS

Exhibit 1 – Collective exhibit consisting of fifteen pages.

Exhibit 2 – Collective exhibit consisting of fourteen pages.

FINDINGS OF FACT

1. On January 12, 2024, the Department mailed the Appellant a renewal notice to inform him that he has a telephone interview scheduled for February 2, 2024.

2. An application for recertification of SNAP benefits was filed on January 29, 2024.

3. An interview was conducted on February 2, 2024, the Appellant was interviewed alone and without assistance from his mother, and it was determined by the Department that the Appellant no longer meets eligibility criteria. Appellant stated he was a full-time student and no longer was employed.

4. On February 5, 2024, the Department mailed a notice to the Appellant to inform him that his SNAP benefits would end effective February 29, 2024, because the household does not meet eligibility criteria.

5. The Appellant provided evidence suggesting that he has mental health challenges and disabilities.

6. On February 13, 2024, the Appellant filed a timely appeal regarding the termination of his SNAP benefits.

7. A gap in SNAP benefits exists from March 1, 2024, through March 18, 2024.

CONCLUSIONS OF LAW

The law provides that a notice of denial of SNAP benefits shall be as follows: If the application is denied, the State agency shall provide the household with written notice explaining the basis for the denial and the household's right to request a fair hearing. 7 C.F.R. § 273.10 (g)(1)(ii) and Tenn. Comp. R. & Regs. 1240-01-14-.12(1).

In this case, the Department failed to provide sufficient detail in the notice to inform the Appellant the basis for the denial of his SNAP benefits. The reason is listed as merely, that the Appellant no longer meets eligibility criteria and that his benefits would end on February 29, 2024. The reason given by the Department is insufficient to provide proper notice to the Appellant for the denial decision by the Department.

At the hearing, Ms. [redacted] testified credibly that her son had mental health challenges and to support her testimony, she provided the documentary evidence admitted as Exhibit 2. Exhibit 2 contains a copy of a report by a healthcare provider that indicated the Appellant has challenges.

Based on these findings and the relevant federal and state regulations and state policies, the Department of Human Services improperly terminated the Appellant's SNAP benefits. Insufficient notice of the basis for the decision of the Department was provided and the Appellant must be given proper notice of the actions and basis of the actions by the Department.

Therefore, the Department must re-process the application for SNAP benefits from January 29, 2024, and issue any auxiliary SNAP benefits that the Appellant is eligible to receive for any gap in coverage of benefits that were not provided to the Appellant.

The action of the Department of Human Services is not upheld.

This order is entered and effective as of the date shown on the first page.

Will Patton
DHS Administrative Judge