



DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
(D-SNAP)
ELIGIBILITY DETERMINATION NOTICE

Disaster Benefit Period: Begin: 08/08/23 End: 09/06/23

Case Name: _____ Application Date: _____

This is preliminary notification of your eligibility for D-SNAP benefits. All applications will be processed through the eligibility system to avoid dual participation.

Approved Household Size: _____ Benefit Amount: \$ _____
Your benefits will be posted to your EBT card within 72 hours.

Denied Reason: _____

D-SNAP APPEAL AND FAIR HEARING RIGHTS

You have the right to request a hearing on any decision made on your application. You may do this by signing your name below. Your case may be presented by a household member or a representative, such as legal counsel, a relative, a friend or other spokesperson.

I want to request:

An on-site review to discuss eligibility determination.

A state hearing with a state office staff member because _____

Signature: _____ Date: _____