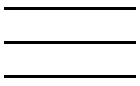




MARYLAND DEPARTMENT OF HUMAN SERVICES



MONTGOMERY COUNTY
401 HUNGERFORD DR. 4TH
ROCKVILLE MD 20850

Customer
311 W SARATOGA ST
BALTIMORE MD 21201

Correspondence ID- : 1234
Correspondence Type: SNAP Employment and Training
Program: SNAP
Correspondence Date: 09-22-2019
Case ID: 200028953
Customer ID: 4543333
DHS Customer Call Center Number: 1-800-332-6347
Website info: mymdthink.maryland.gov
TTY: 1-800-735-2258

If you are a limited English speaker or you require reasonable accommodations for a disability or impairment, please notify a case manager.

Dear Customer,

You are receiving this notice because it has been determined that the members of your household listed below must meet certain SNAP work requirements.

| Work Registrant | Type of Work Requirement |
|-----------------|---------------------------|
| Donald Duck | ABAWD |
| Daffy Duck | General Work Requirements |
| | |
| | |
| | |

The State’s mission is to provide workforce experience and related services to help program customers get the skills they need to enter into in-demand jobs and achieve independence. Maryland’s employer-driven programs are a network of skilled professionals, local employers, workfare programs partners and SNAP Employment and Training (E&T) partners.

While SNAP is intended to ensure no one has to fear going hungry, its rules also reflect the importance of work and responsibility. Because your household receives SNAP benefits, members are eligible to receive free training by participating in the SNAP E&T program. The SNAP E&T program offers training to qualify participants for employment in the following areas:

IT/Cybersecurity, Warehousing, Diesel Tech, CDL, Construction, Hospitality and Customer service, Pre-Cyber, CNA/GNA, Medical Tech, Pharmacy Tech and EMT.

SNAP recipients who participate in employment and training programs may be eligible for barrier assistance through the program. Allowable participant reimbursements are listed but are not limited to the list below:

- Education and Supplies;
- Medical Services (allowable only if required for employment);
- Transportation;
- Work Clothing and Tools; and
- Dependent Care

General Work Requirements (Registrants): The general work requirements apply to individuals ages 16 through 59, except for those:

- Physically or mentally unfit for employment.
- Care for a child under age 6 or an incapacitated person.
- Employed 30 hours or more per week or earning weekly wages at least equal to 30 hours a week at the federal minimum wage.
- Regularly participating in a drug addiction or alcoholic treatment and rehabilitation program.
- Participating in certain work programs or complying with certain work requirements.
- Students in school half-time or more.
- Individuals aged 16 and 17 are exempt if they are not the head of household or if they are attending school or are enrolled in an employment training program at least half-time.
- Subject to and complying with any work requirement under title IV of the Social Security Act including TCA work requirements.
- Receiving or applying for unemployment compensation.

Able-Bodied Adult Without Dependent (ABAWD): The ABAWD time limit and work requirement apply to individuals ages 18 through 49, unless:

- Exempt from the general work requirements.
- Medically certified as physically or mentally unfit for employment.
- Sharing a household with a child under 18, or pregnant.

ABAWDs are also work registrants and must meet the general work requirements. In addition, ABAWDs subject to the time limit must work and/or participate in a work program 80 hours per month or more, or participate in and comply with workfare in order to receive SNAP for more than 3 months in a 36-month period, unless they become exempt. Participation in SNAP E&T, which is a type of work program, is one way a person can meet the 80 hour per month ABAWD work requirement, but participating in qualifying activities in other work programs is acceptable as well.

SNAP recipients **may** also be temporarily exempted from employment and training participation at the discretion of the case managers based on individual barriers. Participation must be assessed on a case by case basis and reevaluated at the time a change is reported or at redetermination. Recipients with individual barriers are also work registrants. If a work registrant is experiencing barriers that keep them from participating in the SNAP Employment and Training Program contact your DHS case manager.

What if you disagree with our decision?

If you disagree with our decision, there are several things you can do. You can:

1. Call us at the DHS Customer Call Center at 1-800-332-6347. Have this letter and your case number ready when you call.
2. Request a Fair Hearing. You have the right to ask us to review our decision at a fair hearing. Read the section on “Your Right to a Fair Hearing.”

Where can you get more information?

You can call the DHS Customer Call Center at 1-800-332-6347. Be sure to have this letter and your case number ready. You can also access our website mydmthink.maryland.gov, for additional information.

Reporting Changes: You must also report all changes in your household circumstances, such as income, resources, health insurance, and household members within ten days of the change. Failure to report these changes may result in cancellation of your eligibility, overpayments, and you may be subject to penalties of fraud. Changes can be reported in person, by mail, or online at <https://mymdthink.maryland.gov/>

Updating Your Address: It is very important that you notify us if you move. Mail from the Maryland Medical Assistance Program and HealthChoice will not be forwarded to a new address. If we do not have your current address, you will not receive important letters about HealthChoice and continuing eligibility. Address changes can be reported in person, by mail, or online at <https://mymdthink.maryland.gov/>.

Redetermination: Approximately 60 days before the end of your certification, you will receive notification to renew your benefits. After we receive your redetermination, your eligibility will be reviewed. You can complete your redetermination in person, by mail, or online at <https://mymdthink.maryland.gov/>. If you do not complete this by the established due date, your eligibility will end.

OHEP: Need money to pay your electric and heat bills? If you qualify, the Office of Home Energy Programs (OHEP) can help. For information call 1-800-352-1446 or visit us online at ww.dhr.state.md.us/meap/index.htm

LANGUAGE ACCESSIBILITY STATEMENT

Interpreter Services Are Available for Free

Help is available in your language: 1-800-000-0000 (TTY: 1-800-000-0000).

These services are available for free.

Español/Spanish

Hay ayuda disponible en su idioma: 1-800-000-0000 (TTY: 1-800-000-0000). Estos servicios están disponibles gratis.

አማርኛ/Amharic

እገዛ በ ቋንቋዎ ማግኘት ይችላሉ።: 1-800-000-0000 (TTY: 1-800-000-0000) :: እነዚህ አገልግሎቶች ያለክፍያ የሚገኙ ነጻ ናቸው።

العربية /Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-000-0000 (رقم هاتف الصم والبكم): 1-800-000-0000

中文/Chinese

用您的语言为您提供帮助：1-800-000-0000 (TTY: 1-800-000-0000)。这些服务都是免费的

فارسی /Farsi

خط تلفن کمک به زبانی که شما صحبت می کنید : 1-800-000-0000 (خط تماس افراد ناشنوا 1-800-000-0000) این خدمات به صورت رایگان در دسترس هستند

Français/French

Vous pouvez disposer d'une assistance dans votre langue : 1-800-000-0000 (TTY: 1-800-000-0000). Ces services sont disponibles pour gratuitement.

ગુજરાતી/Gujarati

તમારી ભાષામાં મદદ ઉપલબ્ધ છે: 1-800-000-0000 (ટીટીવાય: (TTY: 1-800-000-0000). સેવાઓ મફત ઉપલબ્ધ છે

kreyòl ayisyen/Haitian Creole

Gen èd ki disponib nan lang ou: 1-800-000-0000 (TTY: 1-800-000-0000). Sèvis sa yo disponib gratis. Igbo Enyemaka di na asusu gi: 1-800-000-0000 (TTY: 1-800-000-0000). Oṛu ndi a di na enweghi ugwo i ga akwu maka ya.

한국어/Korean

사용하시는 언어로 지원해드립니다: 1-800-000-0000 (TTY: 1-800-000-0000). 무료로 제공 됩니다

Português/Portuguese

A ajuda está disponível em seu idioma: 1-800-000-0000 (TTY: 1-800-000-0000). Estes serviços são oferecidos de graça.

Русский/Russian

Помощь доступна на вашем языке: 1-800-000-0000 (TTY: 1-800-000-0000). Эти услуги предоставляются бесплатно.

Tagalog

Makakakuha kayo ng tulong sa iyang wika: 1-800-000-0000 (TTY: 1-800-000-0000). Ang mga serbisyong ito ay libre.

اردو/Urdu

0000-000-800-1 کال - کال 1-800-000-0000 میں مفت کی خدمات میں دستیاب ہیں۔ تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ (TTY: 1-800-000-0000)۔ کر

Tiếng Việt/Vietnamese

Hỗ trợ là có sẵn trong ngôn ngữ của quý vị 1-800-000-0000 (TTY: 1-800-000-0000). Những dịch vụ này có sẵn miễn phí.

Yorùbá/Yoruba

Ìrànlọwọ wà ní àrọwọtọ ní èdè rẹ: 1-800-000-0000 (TTY: 1-800-000-0000). Awon ise yi wa fun o free.

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: 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) 735-2258 (TTY). This institution is an equal opportunity provider.

Fair Hearing

Any time you disagree with a decision taken on your case, you have the right to request a fair hearing with an official who is required by law to review the facts of every case in a fair and objective manner.

You have 90 days from the date of the notice for SNAP benefits and 30 days from the date of the notice for Cash Assistance benefits to request a fair hearing.

You can request a hearing by calling the case manager listed on your notice or by calling the Call Center at 1-800-332-6347. You may have anyone you choose represent you at the hearing or you may represent yourself. If you need free legal help, call your local office or call Legal Aid at 1-800-999-8904.

What happens to your Supplemental Nutrition Assistance Program (SNAP) and other program benefits while you wait for your fair hearing?

If you request a fair hearing within 10 days from the date of notice and your program certification period has not expired, you can continue to receive benefits unless you opt-out and tell us you do not want them.

However, it is important to know that if the case is *not* decided in your favor, any benefits that you received during this time that you were not entitled to must be paid back.

You can opt-out of receiving benefits while you wait for your fair hearing by:

- Checking the box on Question 4 of the Fair Hearing Request form; or
- Notifying your case manager or the Call Center representative who is assisting you request a fair hearing

Requesting a Reasonable Accommodation

If you have a disability, you are entitled to reasonable accommodations to help you access DHS's activities, programs, and services. This applies even if you are working with a vendor who provides services to DHS's customers.

A request can be made any time by you or someone assisting you. The request may be made in person, in writing, or over the telephone. If a reasonable accommodation is needed, speak with your case manager or your local department's Customer Access Coordinator. You may also request assistance at the front desk of your local department.

Examples of Reasonable Accommodations

- Hearing Impairment: sign language interpreter; providing an assistive listening device
- Visual Impairment: having a qualified reader read to a customer
- Mobility Impairment: mailing forms to a customer; meeting a customer at a more accessible location
- Developmental Disabilities: having things written down; taking breaks; scheduling appointments around a customer's medical need.