

DFCS - HENRY CNTY  
PO BOX 4147  
ATLANTA GA 30302  
1-877-423-4746



DEPARTMENT OF HUMAN SERVICES  
DEPARTMENT OF COMMUNITY HEALTH  
DEPARTMENT OF PUBLIC HEALTH  
DEPARTMENT OF EARLY CARE AND LEARNING

## NOTICE OF DECISION

Worker ID: 204302  
Worker Name: C. Harrell  
Worker Phone Number: (470) 543-3861  
Case Number: 248586477  
Client ID: 903123

NICOLYA GRIFFIN  
735 THURMOND DR  
MACON GA 31204

DATE: 11/15/2023

Report Medicaid Fraud: 1-800-533-0686

Dear NICOLYA GRIFFIN

## Supplemental Nutrition Assistance Program (SNAP)



**Application Date:** 08/19/2023

Benefit Period	Person(s)	Decision	Program Information
10/01/2023 - 01/31/2024	NICOLYA GRIFFIN	Approval	<b>Program:</b> Food Stamps <b>Amount:</b> \$255.00 a month See <b>SNAP Information</b> section below.

## SNAP Information



We have completed your **SNAP** renewal, and you are still eligible for SNAP benefits.

You will continue to receive benefits in the amount of **\$255.00** per month. You will receive this amount from 10/01/2023 through 01/31/2024 unless there is a change in your household circumstances.



You will not receive a new EBT card. Your current card will still be valid for use. If you have lost or misplaced your card, please call Conduent Customer Service at 1-888-421-3281 or go to <https://www.connectebt.com/gaebtclient/> to request a replacement card.



### How do I file a fair hearing?

If you disagree with our decision, please see the last two (2) pages of this form for information on your right to **request a fair hearing**.

## REPORTING CHANGES:

You must report changes in the following situations: