

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: 203838  
Worker Name: B. Norman  
Worker Phone Number: (404) 574-8593  
Case Number: 248586651  
Client ID: 938763

TIMOTHY SIMPSON  
260 MOSS RD  
DAWSONVILLE GA 30534

DATE: 11/16/2023

Report Medicaid Fraud: 1-800-533-0686

Dear TIMOTHY SIMPSON

## Supplemental Nutrition Assistance Program (SNAP)



Application Date: 11/15/2023

Benefit Period	Person(s)	Decision	Program Information
09/01/2023 - 12/31/2023	TIMOTHY SIMPSON	Approval	<b>Program:</b> Food Stamps <b>Amount:</b> \$214.33 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 **\$214.33** per month. You will receive this amount from 09/01/2023 through 12/31/2023 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: