

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: 204718
Worker Name: L. Harper
Worker Phone Number: (470) 543-3859
Case Number: 248586321
Client ID: 903123

GREGORY H PITTMAN
415 BROOKHOLLOW LN
ALPHARETTA GA 30022

DATE: 01/03/2024

Report Medicaid Fraud: 1-800-533-0686

Dear GREGORY H PITTMAN

Supplemental Nutrition Assistance Program (SNAP)



Application Date: 08/16/2023

| Benefit Period | Person(s) | Decision | Program Information |
|-----------------------|-------------------|----------|--|
| 10/01/2023-01/31/2024 | GREGORY H PITTMAN | Approval | Program: Food Stamps Amount: \$214.33 a month See SNAP Information 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 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: