

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: 203694
Worker Name: J. Walsh
Worker Phone Number: (404) 574-8592
Case Number: 248586705
Client ID: 934891

SONDRA VEASEY
55 SYCAMORE WAY
SHARPSBURG GA 30277

DATE: 11/12/2023

Report Medicaid Fraud: 1-800-533-0686

Dear SONDRA VEASEY

Supplemental Nutrition Assistance Program (SNAP)



Application Date: 07/01/2023

Benefit Period	Person(s)	Decision	Program Information
10/01/2023 - 01/31/2024	SONDRA VEASEY	Approval	Program: Food Stamps Amount: \$266.00 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 **\$266.00** 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: