

MEGHAN C
ANOKA CO ECONOMIC ASSISTANCE
BLAINE MAIL PROCESS CT
PO BOX 10
ANOKA MN 55303-0010

999 [REDACTED]

September 04, 2019 04:27 PM

CASE NUMBER: 177 [REDACTED]

M [REDACTED] M' [REDACTED]
[REDACTED]
[REDACTED]

IMPORTANT INFORMATION REGARDING THIS DOCUMENT:

- * This information is available in other forms to people with disabilities by calling your county worker, MEGHAN C. at (763)
 - * For TTY/TDD users, contact your county worker through the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.
 - * The back of this page lists your appeal rights and responsibilities.
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SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) NOTICE OF DECISION

Beginning October 01, 2019, your SNAP will change from \$109.00 to \$159.00 because:

Gross earned income changed from \$1943.77 to \$1740.23.
The federal government updates the income limits and the amount allowed for certain deductions for SNAP every year. These updates may change your SNAP benefits.
Allowed utility costs changed from \$493.00 to \$490.00.
Other expenses changed from \$0.00 to \$9.38.
Allowed child support expense changed from \$73.00 to \$63.00.

The following members are not eligible because:

J [REDACTED] S. [REDACTED] is ineligible for SNAP benefits due to immigration status.

Other than at six month reporting or recertification, you are only required to report a change when:

Your SNAP unit's monthly gross income exceeds 130% of the Federal Poverty Guidelines for your unit size.

Your SNAP unit size is: 3.

For your unit size 130% of the Federal Poverty Guidelines is:
\$2311.00.

If you are an Able Bodied Adult without Dependents (ABAWD's), you will be required to report any change in work or job activities that cause your hours to fall below 20 hours per week.

Case Number: 1779420-M [REDACTED] M [REDACTED]

999 [REDACTED]

Report the changes to your financial worker within 10 calendar days after the month of the change.

BUDGET FOR OCTOBER BENEFIT

HOUSEHOLD SIZE (3)

INCOME:

WAGES	1740.23
PA GRANTS	0.00
RSDI/SSI/RR-RTRMT	0.00
UC	0.00
COUNTED SCHOOL INCOME	0.00
OTHER	0.00
TOTAL	1740.23

ALLOWABLE EXPENSES/DEDUCTIONS:

RENT/MORTGAGE	0.00
HEAT/AIR	490.00
LIGHTS	0.00
PHONE	0.00
WATER/GARBAGE	0.00
OTHER	9.38
MEDICAL	0.00
DEPENDENT CARE	0.00
CHILD SUPPORT	63.00

SNAP ALLOTMENT	159.00
PRORATED AMOUNT	0.00
DRUG FELON SANCTION	0.00
RECOUPMENT AMOUNT	0.00
AMOUNT ALREADY ISSUED	0.00
BENEFIT AMT TO BE ISSUED	159.00

***** IMPORTANT APPEAL RIGHTS! READ THIS NOW! *****

If you don't agree with the action taken on your case, you can appeal. To keep your benefits until the appeal, you must appeal:

- * Within 10 days or
- * Before the first day of the month when the action takes place.

If you miss the 10 day deadline, you can appeal within 30 days from the date you get this notice (90 days for Supplemental Nutrition Assistance Program (SNAP)), but your benefits will not start again unless you win the appeal. To find out more, read the back of the first page of this notice.

WORKER: MEGHAN C.

TELEPHONE: (763) 324-[REDACTED]