

DORCHESTER LDSS
2737 DORCHESTER SQUARE
CAMBRIDGE MD 21613

JESSICA LAKIS
211 CHOPTANK AVE
CAMBRIDGE MD 21613

Correspondence ID: 33792315
Correspondence Type: Request For
Information
Correspondence Date: 07/12/2024
Program Name: Cash Assistance
Case ID: 317226521
Customer ID: 142171288
DHS Customer Call Center Number:
1-800-332-6347
Website info: mymdthink.maryland.gov/
TTY: 1-800-735-2258 or 7-1-1

If you are a limited English speaker or you require reasonable accommodations for a disability or impairment, please notify a case manager.

Dear Jessica Lakis :

We do not have all of the information we need to determine your eligibility. Please return all of the requested items to us by:

DUE DATE:07/22/2024

If we do not receive this information by the requested date, we may have to deny your application or close your case.

IMPORTANT NOTE: Please read this entire form. If there are any questions or concerns, contact DHS Customer Call Center at 1-800-332-6347.

- **Please return the requested necessary documents and verifications items listed below to us by your due date to avoid a delay in getting your benefits.** You can log into your *MyMDTHINK* account at mymdthink.maryland.gov to upload the requested documents. You may also mail or drop-off your documents at your local office at the address listed above.
- If you are unable to provide the requested information and verification, we may be able to assist you in obtaining the information. Please let us know if you require assistance. You will be required to sign a Consent to Release Information form.

DORCHESTER LDSS
2737 DORCHESTER SQUARE
CAMBRIDGE MD 21613

District: DORCHESTER LDSS
Date: 07/12/2024

Insert in Return Envelope with the Address Below Showing

JESSICA LAKIS
211 CHOPTANK AVE
CAMBRIDGE MD 21613

DORCHESTER LDSS
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CAMBRIDGE MD 21613

Documents Required

The required documents for processing your application are listed below*

# No.	Program Name	Verification Type	Individual Name	Information Needed
1	Cash Assistance	Other	Jessica Lakis	We received an interstate PARIS match, indicating benefits may have been filed in your name in Pennsylvania. The address listed on the match is the same address that is on record at Social Security: 305 Valley Rd in Windsor. Please provide proof of current Maryland residency. Your diver's license is dated 2022. Please provide a current utility bill or a letter from your landlord. Please provide proof you are currently pursuing your Social Security disability claim, or currently working with an attorney on filing an appeal. The information received 5/22/24 did not bring through the documents required for proof of appeal. Please do not send an hyperlink.

* You may also receive a request to provide additional verification documentation after a review of the materials you provide.

If you do not give us the information we requested, we may have to deny your application or close your case. If you do not provide proof of your expenses you will not receive the credit for your expenses.

Where can you get more information?

You can call us at the telephone number listed above. Be sure to have this letter and your case number ready. You can also look at our website mymdthink.maryland.gov for general information.

Reporting Changes: You must also report all changes in your household circumstances, such as income, resources, health insurance, and household members within ten days of the change. Failure to report these changes may result in cancellation of your eligibility, overpayments, and you may be subject to penalties of fraud. Changes can be reported in person, by mail, or online at <https://mymdthink.maryland.gov/>.

Updating Your Address: It is very important that you notify us if you move. Mail from the Maryland Medical Assistance Program and HealthChoice will not be forwarded to a new address. If we do not have your current address, you will not receive important letters about HealthChoice and continuing eligibility. Address changes can be reported in person, by mail, or online at <https://mymdthink.maryland.gov/>.

Redetermination: Approximately 60 days before the end of your certification, you will receive notification to renew your benefits. After we receive your redetermination, your eligibility will be reviewed. You can complete your redetermination in person, by mail, or online at <https://mymdthink.maryland.gov/>. If you do not complete this by the established due date, your eligibility will end.

OHEP: Need money to pay your electric and heat bills? If you qualify, the Office of Home Energy Programs (OHEP) can help. For information call 1-800-332-6347 or visit us online at <https://dhs.maryland.gov/office-of-home-energy-programs/>.

Lock Your EBT Card: Keep your Electronic Benefits Transfer (EBT) card benefits safe from thieves by using the EBT Card Lock/Unlock feature. To use Card Lock, download the ConnectEBT app on your mobile device or login to your account at <https://www.connectebt.com/mdebtclient/>. To learn more, scan this QR code with your mobile device camera or go to our website, www.dhs.maryland.gov/prevent-ebt-theft/.



Scan for more information

Sign Up To Get EBT Card Transaction SMS Text and/or Email Alerts: Use the ConnectEBT app on your mobile device or login to your account at <https://www.connectebt.com/mdebtclient/> to sign up for text and email alerts when your card is used or your account information changes:

- New Transaction Alert - Receive an alert for every transaction including purchases, returns, deposits, etc.
- Changes to Your Account Information - Receive an alert whenever your account information changes including your address, PIN, password, etc.

If you believe your card is compromised, order a new card, immediately change your PIN and turn on Card Lock.

LANGUAGE ACCESSIBILITY STATEMENT

Interpreter Services Are Available for Free

Help is available in your language: 1-800-332-6347, (MD Relay TTY: 1-800-735-2258 or 7-1-1).

These services are available for free.

Español/Spanish

Hay ayuda disponible en su idioma: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Estos servicios están disponibles gratis.

አማርኛ/Amharic

እገዛ በ ቋንቋዎ ማግኘት ይችላሉ፡- 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1) ። እነዚህ አገልግሎቶች ያለክፍያ የሚገኙ ነጻ ናቸው።

العربية /Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-226-2142 (رقم هاتف الصم والبكم: 1-800-735-2258).

中文/Chinese

用您的语言为您提供帮助: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1)。 这些服务都是免费的

فارسی /Farsi

خط تلفن کمک به زبانی که شما صحبت می کنید : 1-800-735-2258(خط تماس افراد ناشنوا)1-800-226-2142
این خدمات به صورت رایگان در دسترس هستند

Français/French

Vous pouvez disposer d’une assistance dans votre langue : 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Ces services sont disponibles pour gratuitement.

ગુજરાતી/Gujarati

તમારી ભાષામાં મદદ ઉપલબ્ધ છે: 1-800-332-6347 (ટીટીવાય: 1-800-735-2258 or 7-1-1). સેવાઓ મફત ઉપલબ્ધ છે

kreyòl ayisyen/Haitian Creole

Gen èd ki disponib nan lang ou: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Sèvis sa yo disponib gratis.

Igbo

Enyemaka di na asusu gi: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Oṣu ndị a dị na enweghi ugwo i ga akwu maka ya.

한국어/Korean

사용하시는 언어로 지원해드립니다: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1) 무료로 제공 됩니다

Português/Portuguese

A ajuda está disponível em seu idioma: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1) Estes serviços são oferecidos de graça.

Русский/Russian

Помощь доступна на вашем языке: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Эти услуги предоставляются бесплатно.

Tagalog

Makakakuha kayo ng tulong sa iyong wika: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1) Ang mga serbisyong ito ay libre.

اردو/Urdu

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال 2142-226-800-1 (TTY: 1-800-735-2258 or 7-1-1) کر

Tiếng Việt/Vietnamese

Hỗ trợ là có sẵn trong ngôn ngữ của quý vị 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Những dịch vụ này có sẵn miễn phí.

Yorùbá/Yoruba

Ìrànṣẹ̀wọ̀ wà ní àrọ̀wọ̀tó ní èdè rẹ: 1-800-332-6347 (TTY: 1-800-735-2258 or 7-1-1). Awon ise yi wa fun o free.

Fair Hearing

Any time you disagree with a decision taken on your case, you have the right to request a fair hearing with an official who is required by law to review the facts of every case in a fair and objective manner.

You have 90 days from the date of the notice for Supplemental Nutrition Assistance Program (SNAP) benefits and 90 days from the date of the notice for Cash Assistance benefits to request a fair hearing.

You can request a hearing by calling the case manager listed on your notice or by calling the Call Center at **1-800-332-6347**. You may have anyone you choose represent you at the hearing or you may represent yourself. If you need free legal help, call your local office or call Legal Aid at 1-800-999-8904.

What happens to your Supplemental Nutrition Assistance Program (SNAP) and other program benefits while you wait for your fair hearing?

If you request a fair hearing within 10 days from the date of notice and your program certification period has not expired, you can continue to receive benefits unless you opt out and tell us you do not want them.

However, it is important to know that if the case is **not** decided in your favor, any benefits that you received during this time that you were not entitled to must be paid back.

You can opt out of receiving benefits while you wait for your fair hearing by:

- Checking the box on Question 4 of the Fair Hearing Request form; or
- Notifying your case manager or the Call Center representative who is assisting you request a fair hearing.

Requesting a Reasonable Accommodation

If you have a disability, you are entitled to reasonable accommodations to help you access DHS's activities, programs and services. This applies even if you are working with a vendor who provides services to DHS's customers.

A request can be made any time by you or someone assisting you. The request may be made in person, in writing or over the telephone. If a reasonable accommodation is needed, speak with your case manager or your local department's Customer Access Coordinator. You may also request assistance at the front desk of your local department.

Examples of Reasonable Accommodations

- Hearing Impairment: sign language interpreter; providing an assistive listening device
- Visual Impairment: having a qualified reader read to a customer
- Mobility Impairment: mailing forms to a customer; meeting a customer at a more accessible location
- Developmental Disabilities: having things written down; taking breaks; scheduling appointments around a customer's medical need.

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