


# Understanding your Benefit Change letter

OLYMPIA  
PO BOX 11699  
TACOMA WA 98411-6699

 Washington State  
Department of Social  
& Health Services

Phone #  
TTY/TDD #  
Toll Free # 877-501-2233

02/19/16

TOM L SMITH  
100 W MAIN ST  
KELSO WA 98626-1347

Client ID # 123456789

Dear TOM L SMITH

Your benefit will change beginning 03/01/16.

	From	To
Basic Food Assistance (federal)	\$194.00	\$124.00

Why are my benefits changing?

**For Food:**

The amount of money that you earn has changed.  
See WAC rule (Washington Administrative Code): 182-509-0001, 182-509-0030, 388-418-0020, 388-450-0162

You can check these rules online at <http://apps.leg.wa.gov/wac/>.

You can:

- Apply for benefits, submit a review, or report changes at [www.washingtonconnection.org](http://www.washingtonconnection.org).
- Fax information to us at 866-722-4983.

Write your client ID on all copies you send us. Your client ID is 1234567 .

Call 877-501-2233 to process an application or review, report changes, or ask questions.

If you disagree with any of our decisions, you may ask to have the case reviewed. You can also ask for an administrative hearing. Administrative hearing rights are included in this letter.

How to contact us

Your case number

Month your benefits will change

New amount

Why they changed

For more information on the rules, look them up from this website

## QUESTIONS AND ANSWERS

### How do you report changes?

- Report changes by calling 877-501-2233.

What do you need to report for food assistance between reviews?

- When your total monthly gross income (money from all sources before deductions) goes over \$1276.00.

When do you need to report changes?

- For cash and food programs, you must report changes by the 10th of the next month after the change.

What happens if you don't report changes on time?

- Your benefits could stop.
- Your benefits could be late.
- You could receive the wrong amount.
- If you receive more benefits than you should, you must pay them back.

Where can you receive automated information about your case?

- You can call The Answer Phone at 1-877-980-9220.
- When you call you will need to enter your client ID number, which can be found in the bottom right hand corner of this letter.

Attachment(s): DSHS Administrative Hearing Rights

0008-01 Change in Cash/Food Assistance

### Food Program

#### Basic Food Assistance (federal)

This calculation is used to figure out the amount of federal food benefits your household is eligible to receive.

#### Income We Count

	<b>03/2016</b>
TOM L SMITH	
-EARNED INCOME	\$860.00
	<b>03/2016</b>
<b>Total Income</b>	\$860.00
<b>Income Limits (federal)</b>	\$1962.00

Information on reporting changes

Calculation we use to determine benefit amount

	<b>03/2016</b>
<b>Deductions We Allow</b>	
Standard deduction	\$155.00
Earned Income Deduction (Combined)	\$172.00
Housing deduction	\$300.00
<b>Total Deductions</b>	<b>\$627.00</b>

	<b>03/2016</b>
<b>Summary</b>	
Total Income	\$860.00
Subtract Total Deductions	\$627.00
Income We Budget	\$233.00

	<b>03/2016</b>
Benefit limit for a household of 1	\$194.00
Subtract 30% of Income we budget	\$70.00
Subtract Overpayment deduction	\$0.00
<b>Federal Basic Food Assistance Benefit</b> (rounded down)	<b>\$124.00</b>

Client ID# 123456789