

**STATE OF ALABAMA**  
**DEPARTMENT OF HUMAN RESOURCES**  
**FOOD ASSISTANCE DIVISION**  
**Alabama Elderly Simplified Application Project**

**AESAP RIGHTS AND RESPONSIBILITIES**

**RIGHTS**

1. You have the right to file an application by mailing your application to The Food Assistance Division, P. O. Box 304000, Montgomery, Alabama, 36130-4000, by faxing the application to the Food Assistance Division at (334) 353-1177 or by returning it to the local food stamp office. If eligible, benefits will be prorated from the date your signed application is received by the Food Assistance Division.
2. You have the right to have your application acted upon without regard to race, religion, national origin, sex, age, handicap or political belief.
3. You have the right to request assistance from your worker if information is needed to process your food assistance application.
4. You have the right to have your food assistance application acted upon within 30 days from the date you apply.
5. You have the right to receive your food assistance benefits within 7 calendar days if at least one of the following conditions apply:
  - Your household's rent/mortgage and actual utilities are more than your household's monthly gross income and liquid resources;
  - Your household's monthly gross income is less than \$150 and your household's liquid resources are less than \$100.
  - Your household is a destitute migrant or seasonal farm worker and your liquid resources are less than \$100.
6. You have the right to appoint someone outside your household to apply for benefits for you. You also have the right to appoint someone outside your household to use your Electronic Benefits Transfer (EBT) card to purchase food for your household.
7. You have the right to know why your food assistance application is denied, or your benefits reduced or terminated. If you do not qualify for AESAP, you may still qualify for the regular Food Assistance Program at your local county office.
8. You have the right to confidentiality of all information provided to the food assistance worker. The use or disclosure of information will be made only for certain limited purposes allowed under State and Federal laws and regulations.
9. If you disagree with a decision made on your food assistance case, you may request a fair hearing orally or in writing by contacting the Food Assistance Division at P. O. Box 304000, Montgomery, Alabama 36130-4000 or by calling 1-800-438-2958.
  - To receive continuation of food assistance benefits while you wait for the hearing, the request must be made within 10 days from the date of the notice you received lowering or stopping your benefits.
  - If the hearing decision is not in your favor, the additional benefits that you received will have to be repaid.
  - The maximum time to request a hearing after you get a notice lowering or stopping your benefits is 90 days.
  - You have the right to examine your food assistance record in relation to any hearing that you may have.

## RESPONSIBILITIES

When your household receives food assistance benefits, you must follow all the rules. You must:

1. **PROVIDE TRUE AND CORRECT INFORMATION** about everyone in your household, and you must provide documents to prove what you say, if asked to by the worker.
2. **REPORT** if there is a change in your household's gross monthly income which exceeds the food assistance gross income limit (130% of the poverty level) for your household size. This change in income must be reported by the 10<sup>th</sup> day of the month following the month the change occurred. You may report this change by phone or mail.

Monthly Income	Eligibility Limits Effective	10/01/2014 - 9/30/2015
Household Size	Gross Income Limits	Net Income Limits
1	\$1,265	\$973
2	\$1,705	\$1,311
3	\$2,144	\$1,650
4	\$2,584	\$1,988
5	\$3,024	\$2,326
6	\$3,464	\$2,665
7	\$3,904	\$3,003
8	\$4,344	\$3,341
Each Additional Member	\$440	\$339

3. **PROVIDE SOCIAL SECURITY NUMBERS (SSN)** for everyone in your household. The social security numbers for all household members will be used in computer matches with other agencies in determining eligibility for food assistance benefits.
4. **SEND IN AN INTERIM CONTACT FORM** in the 12<sup>th</sup> and 24<sup>th</sup> month of your certification period. This form will be mailed to you. You must report all household changes on this form. If you do not return this form, your case will close.
5. **YOU ARE RESPONSIBLE** for any information given on the food assistance application and to the food assistance worker, either by you, someone in the household, or your authorized representative.
  - If you give information that is found to be incorrect, your food assistance case may be denied or closed.
  - Any member who breaks any of the rules on purpose can be barred from the Food Assistance Program for one year to permanently, fined up to \$250,000, imprisoned up to 20 years or both. He/she may also be subject to prosecution under other applicable Federal and State laws. There are also penalties if any household member is found guilty of using food assistance benefits to purchase illegal drugs or firearms.
    - ◆ Do not trade or sell food assistance benefits or EBT cards.
    - ◆ Do not use someone else's food assistance benefits, identification card, or EBT card for your household.
    - ◆ Do not give false information or hide information to get or continue to get food assistance benefits.

**IF YOU DO NOT UNDERSTAND THE QUESTIONS ON THE APPLICATION,  
YOU CAN CALL 1-800-438-2958 FOR ASSISTANCE.**

**In accordance with Federal law and the U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.**

**To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800)795-3272 (voice) or (866) 377-8642 (TTY).**

**USDA is an equal opportunity provider and employer.**