

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, by returning it to the local food assistance office, or by internet (MyAlabama.gov). In order to file an application through MyAlabama.gov, you will be required to set up an account. 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 10th day of the month following the month the change occurred. You may report this change by phone or mail.
3. **REPORT** if you or any member of your household receives any lottery or gambling winnings if the gross amount (before taxes or deductions) of these winnings is \$4,250 or more.
4. **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.

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.

Monthly Income	Eligibility Limits Effective	10/01/2022 - 9/30/2023
Household Size	Gross Income Limits	Net Income Limits
1	\$1,473	\$1,133
2	\$1,984	\$1,526
3	\$2,495	\$1,920
4	\$3,007	\$2,313
5	\$3,518	\$2,706
6	\$4,029	\$3,100
7	\$4,541	\$3,493
8	\$5,052	\$3,886
Each Additional Member	\$512	\$394

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
FNCSIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.