

Case Number:	-
Case Name:	-
CONTACT:	- Economic Assistance
Fax Number:	- (402) 595-1901
Notice Date:	- 03-31-2022
Mail Date	- 06-01-2022

LINCOLN, NE 68516

NOTICE OF ACTION

Low-Income Home Energy Assistance Program (LIHEAP)

Approval

Effective 3-2022, your application for HEATING assistance has been approved. EAGLE ELECTRIC COMPANY will be paid \$380.00 on your account.

Individual

Status

Eligible

Eligible

Payments are expected to be made to households and providers in November, after federal funding is received by DHHS.

LIHEAP funding is intended to supplement your heating/cooling expense. This is a one-time payment for the identified heating/cooling season. You are responsible to make payments toward your heating/cooling utilities after these funds have been used.

You have been found eligible to receive assistance through LIHEAP. Payments will be made to your utility provider or they will be deposited into your state debit card account, unless you have already set up a direct deposit with DHHS. If you have been issued a state debit card in the past, the LIHEAP payment will be placed on that card. If you don't have a state debit card, one will be mailed directly to you from the bank and you will need to activate it.

LIHEAP payments will be sent to utility providers in most circumstances. If a household receives LIHEAP payments directly, they must agree to take full responsibility for paying utility bills. By applying for or receiving LIHEAP, the household understands that the information collected for LIHEAP program eligibility and the household's LIHEAP eligibility status may be disclosed to energy programs, utility providers, weatherization providers, and fan providers. DHHS may share and use information collected for purposes of evaluating and administering LIHEAP.

Find out when deposits are made to your SNAP EBT or ReliaCard accounts. Sign-up to receive texts,

See Reverse

emails, or phone messages at: SNAP EBT - <http://www.ebtedge.com> or call 877-247-6328; and ReliaCard - www.usbankreliacard.com or call 1-855-233-8382. Both numbers are on the back of your cards.

Information about your benefits and answers to your questions are easy to find on the ACCESSNebraska website. Go to: accessnebraska.ne.gov and log-in to your account.

Economic Assistance
Toll Free: (800)383-4278
Lincoln: (402)323-3900
Omaha: (402)595-1258

Go online:
ACCESSNebraska.ne.gov

YOUR RESPONSIBILITIES

If you are eligible for assistance, you must provide complete and accurate information and notify DHHS of any changes in circumstances for you or another household member that may affect eligibility. You must report such things as changes in income or expenses, employment status, resources or other financial matters, disability status, the composition of the household, change in living arrangements, or address. You must notify DHHS if you plan to be absent from your home for 30 days or more, ask DHHS or your medical provider about covered medical services, show your current medical card to medical providers before obtaining services, inform the medical provider of any health insurance coverage you or anyone in your household may have, pay the cost of all unauthorized medical expenses, pay any medical co-payments, and pay any child care fees. For SNAP, households assigned to the Simplified Reporting category are required to report when the household's gross monthly income exceeds the maximum monthly income limit for the household size. If your household includes an Able Bodied Adult Without Dependents (ABAWD) who is working or volunteering, you must report if the ABAWD's work or volunteer hours drop below 20 hours per week averaged over a four week period.

You have the responsibility to report the changes by mail, telephone or in person no later than ten days following the change, except that for SNAP households assigned to Simplified Reporting, you must report changes no later than 10 days from the end of the calendar month in which the change occurred. See the reverse side of this notice for the telephone number to call.

YOUR RIGHTS

CIVIL RIGHTS: This institution is prohibited from discrimination on the basis of race, color, national origin, disability, age, sex and in some cases religion and political beliefs.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

RIGHT TO A CONFERENCE: You have the right to request a conference with DHHS to discuss the reason(s) for the action(s) indicated on this form. To request a conference, you may call, write, or visit the DHHS office serving your area. A request for a conference will not delay or replace any request for a Fair Hearing as noted in the 'Rights to Appeal' section on this page. If you have questions about your application, payment, services, eligibility, or medical assistance please call DHHS.

RIGHT TO NOTICE OF ACTION: You must be given adequate notice of any action(s) affecting your benefits. "Adequate" means the notice must include a statement of what action(s) the DHHS office intends to take, the reason(s) for the intended action(s), and for certain programs, the specific state regulation(s) that require the action(s) to be taken. In cases of intended adverse action (action to terminate, suspend or reduce benefits, or to change the manner or form of payment or service to a more restrictive method) you must receive adequate and timely notice. "Timely" means the notice is mailed at least ten calendar days before the date the action would become effective. For financial assistance or medical services this is always the first day of the month. For block grant services it can be any day of the month. In certain circumstances, DHHS may dispense with timely notice but shall send adequate notice by the effective date of the action. DHHS can explain these situations to you. These situations include when DHHS office obtains facts indicating your assistance should be stopped, suspended, terminated or reduced because of probable fraud, and where possible, such facts have been verified. Notice of such action is considered timely if it is mailed at least five days before the action would become effective. For SNAP, notice of such action is considered timely if it is received by the date the household would have received its allotment.

RIGHTS TO APPEAL

You have the right to appeal for a hearing on any agency action or inaction on your application for receipt of SNAP, block grant services, medical services, or financial assistance. You may appeal because your application is denied or is not acted on with reasonable promptness, your assistance is suspended, reduced, or terminated, your form of payment or service is changed to a more restrictive method, or because you feel the DHHS office action was taken erroneously. A hearing will not be granted when state or federal law requires automatic case adjustments unless the reason for the appeal is that your eligibility was determined incorrectly.

If you requested assistance from the Department of Health and Human Services under the Emergency Assistance or Crisis Energy Programs and you disagree with the action taken by the DHHS office, then you may appeal our action or inaction and the agency will provide an expedited hearing and decision. You may ask DHHS for more information regarding an expedited appeal. You (or your representative) have 90 days following the date of this notice to request a fair hearing. **In cases of intended adverse action, where DHHS is required to send you timely and adequate notice, if you request an appeal hearing within ten days following the date on this notice (or in a Medicaid case, before the effective date on this notice), DHHS will not carry out the adverse action until a fair hearing decision is made, unless you request assistance not be continued. This does not apply to situations where DHHS may dispense with timely notice and is only required to have adequate notice. This does not prevent DHHS from continuing other case activities and implementing changes to your assistance case not directly related to the appeal issue.**

If after the hearing, the action taken by the DHHS office is found to be correct, the amount of financial assistance provided to you during the appeal period may be treated as an overpayment and recovery procedures may be started. Your appeal request must be in writing and may be submitted to any Department of Health and Human Services office. Appeals on SNAP or Medicaid benefits may be made orally or in writing. Contact any DHHS office and DHHS will explain the appeal procedure and can assist you to complete an appeal request. Once you have filed the appeal, arrangements for a hearing will be made and you will be notified of the time and place. You may represent yourself at the hearing or be represented by another person. If you fail to appear for your scheduled hearing without good cause, your case will be dismissed.

MEDIATION FOR EMPLOYMENT FIRST CASES ONLY

Not as a result of a Notice of Adverse Action: You have the right to request a conference with your case manager's supervisor if you are unhappy with your case manager's action or inaction. If you disagree with the supervisor's conclusion, you have 30 days in which to request mediation. If you choose not to confer with your case manager's supervisor, you have 30 days from the date of the case manager's action or inaction or the date when you became aware of the case manager's action or inaction, to request mediation.

As a result of a Notice of Adverse Action: You must request mediation within 90 days following the date the notice of adverse action is mailed. If you submit a request for mediation within ten days following the date the notice is mailed, the case manager shall not take the adverse action until a decision is reached through mediation.

Case Number: -
Case Name: -
CONTACT: - Economic Assistance
Fax Number: - (402) 595-1901
Notice Date: - 06-01-2022
Mail Date - 06-01-2022

LINCOLN, NE 68516

NOTICE OF ACTION

Low-Income Home Energy Assistance Program (LIHEAP)

Approval

Effective 6-2022, your application for COOLING assistance has been approved. EAGLE ELECTRIC COMPANY will be paid \$385.00 on your account.

Individual

Status

Eligible

Eligible

LIHEAP funding is intended to supplement your heating/cooling expense. This is a one-time payment for the identified heating/cooling season. You are responsible to make payments toward your heating/cooling utilities after these funds have been used.

You have been found eligible to receive assistance through LIHEAP. Payments will be made to your utility provider or they will be deposited into your state debit card account, unless you have already set up a direct deposit with DHHS. If you have been issued a state debit card in the past, the LIHEAP payment will be placed on that card. If you don't have a state debit card, one will be mailed directly to you from the bank and you will need to activate it.

LIHEAP payments will be sent to utility providers in most circumstances. If a household receives LIHEAP payments directly, they must agree to take full responsibility for paying utility bills. By applying for or receiving LIHEAP, the household understands that the information collected for LIHEAP program eligibility and the household's LIHEAP eligibility status may be disclosed to energy programs, utility providers, weatherization providers, and fan providers. DHHS may share and use information collected for purposes of evaluating and administering LIHEAP.

Find out when deposits are made to your SNAP EBT or ReliaCard accounts. Sign-up to receive texts, emails, or phone messages at: SNAP EBT - <http://www.ebtedge.com> or call 877-247-6328; and ReliaCard - www.usbankreliacard.com or call 1-855-233-8382. Both numbers are on the back of your cards.

See Reverse

Information about your benefits and answers to your questions are easy to find on the ACCESSNebraska website. Go to: accessnebraska.ne.gov and log-in to your account.

Economic Assistance
Toll Free: (800)383-4278
Lincoln: (402)323-3900
Omaha: (402)595-1258

Go online:
[ACCESSNebraska.ne.gov](https://accessnebraska.ne.gov)

YOUR RESPONSIBILITIES

If you are eligible for assistance, you must provide complete and accurate information and notify DHHS of any changes in circumstances for you or another household member that may affect eligibility. You must report such things as changes in income or expenses, employment status, resources or other financial matters, disability status, the composition of the household, change in living arrangements, or address. You must notify DHHS if you plan to be absent from your home for 30 days or more, ask DHHS or your medical provider about covered medical services, show your current medical card to medical providers before obtaining services, inform the medical provider of any health insurance coverage you or anyone in your household may have, pay the cost of all unauthorized medical expenses, pay any medical co-payments, and pay any child care fees. For SNAP, households assigned to the Simplified Reporting category are required to report when the household's gross monthly income exceeds the maximum monthly income limit for the household size. If your household includes an Able Bodied Adult Without Dependents (ABAWD) who is working or volunteering, you must report if the ABAWD's work or volunteer hours drop below 20 hours per week averaged over a four week period.

You have the responsibility to report the changes by mail, telephone or in person no later than ten days following the change, except that for SNAP households assigned to Simplified Reporting, you must report changes no later than 10 days from the end of the calendar month in which the change occurred. See the reverse side of this notice for the telephone number to call.

YOUR RIGHTS

CIVIL RIGHTS: This institution is prohibited from discrimination on the basis of race, color, national origin, disability, age, sex and in some cases religion and political beliefs.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

RIGHT TO A CONFERENCE: You have the right to request a conference with DHHS to discuss the reason(s) for the action(s) indicated on this form. To request a conference, you may call, write, or visit the DHHS office serving your area. A request for a conference will not delay or replace any request for a Fair Hearing as noted in the 'Rights to Appeal' section on this page. If you have questions about your application, payment, services, eligibility, or medical assistance please call DHHS.

RIGHT TO NOTICE OF ACTION: You must be given adequate notice of any action(s) affecting your benefits. "Adequate" means the notice must include a statement of what action(s) the DHHS office intends to take, the reason(s) for the intended action(s), and for certain programs, the specific state regulation(s) that require the action(s) to be taken. In cases of intended adverse action (action to terminate, suspend or reduce benefits, or to change the manner or form of payment or service to a more restrictive method) you must receive adequate and timely notice. "Timely" means the notice is mailed at least ten calendar days before the date the action would become effective. For financial assistance or medical services this is always the first day of the month. For block grant services it can be any day of the month. In certain circumstances, DHHS may dispense with timely notice but shall send adequate notice by the effective date of the action. DHHS can explain these situations to you. These situations include when DHHS office obtains facts indicating your assistance should be stopped, suspended, terminated or reduced because of probable fraud, and where possible, such facts have been verified. Notice of such action is considered timely if it is mailed at least five days before the action would become effective. For SNAP, notice of such action is considered timely if it is received by the date the household would have received its allotment.

RIGHTS TO APPEAL

You have the right to appeal for a hearing on any agency action or inaction on your application for receipt of SNAP, block grant services, medical services, or financial assistance. You may appeal because your application is denied or is not acted on with reasonable promptness, your assistance is suspended, reduced, or terminated, your form of payment or service is changed to a more restrictive method, or because you feel the DHHS office action was taken erroneously. A hearing will not be granted when state or federal law requires automatic case adjustments unless the reason for the appeal is that your eligibility was determined incorrectly.

If you requested assistance from the Department of Health and Human Services under the Emergency Assistance or Crisis Energy Programs and you disagree with the action taken by the DHHS office, then you may appeal our action or inaction and the agency will provide an expedited hearing and decision. You may ask DHHS for more information regarding an expedited appeal. You (or your representative) have 90 days following the date of this notice to request a fair hearing. **In cases of intended adverse action, where DHHS is required to send you timely and adequate notice, if you request an appeal hearing within ten days following the date on this notice (or in a Medicaid case, before the effective date on this notice), DHHS will not carry out the adverse action until a fair hearing decision is made, unless you request assistance not be continued. This does not apply to situations where DHHS may dispense with timely notice and is only required to have adequate notice. This does not prevent DHHS from continuing other case activities and implementing changes to your assistance case not directly related to the appeal issue.**

If after the hearing, the action taken by the DHHS office is found to be correct, the amount of financial assistance provided to you during the appeal period may be treated as an overpayment and recovery procedures may be started. Your appeal request must be in writing and may be submitted to any Department of Health and Human Services office. Appeals on SNAP or Medicaid benefits may be made orally or in writing. Contact any DHHS office and DHHS will explain the appeal procedure and can assist you to complete an appeal request. Once you have filed the appeal, arrangements for a hearing will be made and you will be notified of the time and place. You may represent yourself at the hearing or be represented by another person. If you fail to appear for your scheduled hearing without good cause, your case will be dismissed.

MEDIATION FOR EMPLOYMENT FIRST CASES ONLY

Not as a result of a Notice of Adverse Action: You have the right to request a conference with your case manager's supervisor if you are unhappy with your case manager's action or inaction. If you disagree with the supervisor's conclusion, you have 30 days in which to request mediation. If you choose not to confer with your case manager's supervisor, you have 30 days from the date of the case manager's action or inaction or the date when you became aware of the case manager's action or inaction, to request mediation.

As a result of a Notice of Adverse Action: You must request mediation within 90 days following the date the notice of adverse action is mailed. If you submit a request for mediation within ten days following the date the notice is mailed, the case manager shall not take the adverse action until a decision is reached through mediation.

