

**Early Learning
Coalition**
OF PINELLAS COUNTY

Food Stamp Award Letters

The below clarification and attached examples demonstrate the acceptable options of what a client can submit to show proof of food stamps.

1. The first print out from the Access website is the best option. If a client can log into their account and print out the current benefits to reflect the month that their recertification and/or placement occurs, then that is the preferred option.

See Instructions to access correct Food Stamps Verification to assist a client in need.

2. If a client cannot obtain the print out from the Access website, then they may present the letter in the 2nd example. Finally, their last option is the 3rd page in the attachment.

3. The client's recertification and/or placement must occur during the time frame given on the award letter. For example, if the client's recertification/placement occurs in November, all three letters are acceptable since they cover this time frame as follows:

- a. Example 1: 11/1/16-11/30/16
- b. Example 2: Oct, 2016 thru November 30, 2016
- c. Example 3: Aug, 2016 thru November 30, 2016

4. If a client goes to DCF and they receive the print screen, that is also acceptable as long as it contains the necessary information.

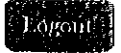


ACCESS Florida

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Hello [redacted] You are logged in.



Print

[Back to Benefit Summary](#) [Report My Changes](#) [Renew My Benefits](#) [Case Closure](#)

My Information

My Information

My Information

Case Information

Case Number

Case or File Number

Current Contact Information

The following information is for [redacted]

Living Address

Telephone

Cell Phone

Food Assistance Status

Group No	Begin Date	End Date	Status	App. and Documents	Benefit Avail.	Date Benefit Available
01	11/01/2016	11/30/2016	OPEN	649	11/01/2016	11/07/2016

Group Members Information

Name

Status

Benefit Details

ELIGIBLE
ELIGIBLE
ELIGIBLE
ELIGIBLE

Explanation of Case Action

FEDERAL COST OF LIVING ADJUSTMENTS FOR FOOD ASSISTANCE

[Back to Benefit Details](#)



September 1, 2016

Case: [REDACTED]

Phone: (866) 762-2237

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

The following is information about your eligibility.

Food Assistance

The following is information about your Food Assistance benefits:

Your Food Assistance benefits will increase as shown below due to a change in your household's circumstances.

Household Size: 4.

Name	Oct, 2016 Thru November 30, 2016
[REDACTED]	Eligible
[REDACTED]	Eligible
[REDACTED]	Eligible
[REDACTED]	Eligible
Benefit Amount	\$649.00

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED] to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

For Food Assistance benefits, the only change you must report during your certification period is when your household's monthly gross income is more than your income limit of \$2,633.00. You must report this change within 10 days following the end of the month the change happens. If your household income was higher than this amount at the time of your last application or review, you should report changes at the next review. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. You must report other changes and your household's situation

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action
State of Florida Department
of Children and Families



June 23, 2016

Case: [REDACTED]

Phone: (239) 895-0234

[REDACTED]

Dear [REDACTED]

The following is information about your eligibility.

Food Assistance

Your application for Food Assistance dated May 24, 2016 is **approved**. You are eligible for the months listed below:

Name	Jun, 2016	Jul, 2016	Aug, 2016 Thru November 30, 2016
[REDACTED]	Eligible	Eligible	Eligible
[REDACTED]	Eligible	Eligible	Eligible
[REDACTED]	Eligible	Eligible	Eligible
[REDACTED]	Eligible	Eligible	Eligible
Benefit Amount	\$649.00	\$649.00	\$649.00

Did you know you now have an on-line account with us? Go to www.myflorida.com/accessflorida. You will need your case number, [REDACTED] to activate your My ACCESS Account. Then you can get into your account with a user name and password of your choice.

Before your eligibility ends, we will send you a letter telling you what to do to keep getting Food Assistance. To keep your Food Assistance from ending, you will need to complete a review by November 30, 2016. You can use the web site at www.myflorida.com/accessflorida to do this on My ACCESS Account.

For Food Assistance benefits, the only change you must report during your certification period is when your household's monthly gross income is more than your income limit of \$2,628.00. You must report this change within 10 days following the end of the month the change happens. If your household income was higher than this amount at the time of your last application or review, you should report changes at the next review. If you fail to report changes as required, or if the information you provide is not correct, you may have to repay any benefits you receive for which you were not eligible and you may be prosecuted for fraud. You must report other changes and your household's situation at the time of the next recertification. If you have access to a computer, you may report your changes online at the