



Department of Housing & Human Services

3460 Broadway • Boulder, Colorado 80304 • Tel: 303.441.1000 Fax: 303.441.1523
515 Coffman Street • Longmont, Colorado 80501 • Tel: 303.441.1000

www.BoulderCountyHHS.org

March 10, 2023

Case # - SNAP 2023-0045

Joshua White
640 S Lashley Ln Apt 108
Boulder CO 80305-5933

Dear Joshua White

This letter serves to explain the actions taken on your case and your appeal of the decrease in SNAP (Supplemental Nutrition Assistance Program) benefits.

The Department has reviewed the decrease in SNAP benefits and has determined that it is valid based on your daughter being removed from the home and you not providing meals for her.

The following provides a timeline and information used that will help explain the actions taken by the County regarding the decrease.

- 12/5/2022 per Family and Children Services(FCS) removed his daughter Rhyanna Sarnocinski, from Mr. Whites care (**EXHIBIT B**).
- 12/6/2022 the court-ordered temporary legal custody of the department. Per FCS Rhyanna is still in their custody and has no contact with Mr. White at this time. He is not currently providing support or meals for her (**EXHIBIT C**).
- 1/13/2023 Redetermination was filed for both SNAP and TANF(Temporary Aid to Needy Families). The client did not declare in this document that Rhyanna had left the household (**EXHIBIT D**).
- 1/17/2023 TANF case manager verified in a meeting with the client that he was staying in his car and that Rhyanna was staying with family friends per FCS this was no longer accurate as was in their custody at that time (**EXHIBIT E**).
- 2/3/2023 TANF case manager declared that Rhyanna's custody had been taken from him temporarily (**EXHIBIT F**).
- 2/4/2023 Redetermination for SNAP and TANF was worked and the technician left Rhyanna in home based on the redetermination that was filed 1/13/2023 (**EXHIBIT G**). SNAP approved \$516 and TANF was pending at that time awaiting student status for Rhyanna (**EXHIBIT H**).
- On 2/6/2023 received verification of Rhyannas student status (**EXHIBIT I**) and was then approved for TANF 2/9/2023 (**EXHIBIT J-K**). At the time of approval you also received a TANF what you need to know letter notifying reasons you would need to report changes during your certification (**EXHIBIT L**).

Claire Levy County Commissioner

Marta Loachamin County Commissioner

Ashley Stolzmann County Commissioner

- 2/27/2023 Claim created for SNAP as received the verification that Rhyanna was removed from the household prior to recertification and was not eligible for benefits (**EXHIBIT M-N**). TANF claim was created 2/24/2023 for the same reason (**EXHIBIT O-P**). SNAP approved for \$281 for March ongoing after Rhyanna was removed from the household(**EXHIBIT Q**).
- 3/3/2023 request for an appeal and or informal hearing (**EXHIBIT R**). 3/9/2023 TANF case manager reviewed needs with the client and reported a request for appeal (**EXHIBIT S**).

See Supporting State Laws:

SNAP: 10 CCR 2506, Volume 1 at §§ 4.000.1, 4.304.B.1, 4.304.B.3, 4.304.1.A,4.504.6.D.4, 4.504.6.D.5, 4.504.6.D.11, 4.604.B, 4.604.G.1, 4.606.B.1.b, 4.606.B.2.b

County Position

Based on the circumstances of this case listed above, the enclosed exhibits, and State policy, it is the position of Boulder County that the decrease in SNAP benefits beginning in March 2023 is valid. As at this time, Mr. White is not seeing his child or providing any meals for her.

If you have questions regarding the hearing process my contact information is provided with my signature. If you are satisfied with the determination that the County has made on your case and you would like to withdraw your appeal, please contact the Office of Administrative Courts directly at 303.866.5626.

Respectfully submitted,



Elizabeth Antus
Hearing Officer/Program Integrity Specialist
Boulder County Department of Housing and Human Services
515 Coffman Street, Suite 100, Longmont, CO 80501
Phone: 720.864.6407
Email: eantus@bouldercounty.org

(Enclosures)

- Exhibits B-S; this cover letter is labeled as Exhibit A

EC:

Office of Administrative Courts
E-Filed via CourtLink

From: [REDACTED] [Tracy](#)
To: [REDACTED] [Elizabeth](#); [REDACTED] [Jackie](#)
Cc: [REDACTED] [Lauren](#); [REDACTED] [Allison](#)
Subject: RE: questions on appeal for Joshua White
Date: Tuesday, March 7, 2023 3:21:27 PM
Attachments: [image004.png](#)
[image005.png](#)

The removal date was 12/5/2022.

Tracy [REDACTED]
Boulder County Department of Housing and Human Services
Intake Supervisor
[REDACTED]
[REDACTED]

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From: [REDACTED], Elizabeth [REDACTED]
Sent: Tuesday, March 7, 2023 3:19 PM
To: [REDACTED], Jackie [REDACTED] Tracy [REDACTED]
Cc: [REDACTED] Lauren [REDACTED]; [REDACTED] Allison [REDACTED]
Subject: RE: questions on appeal for Joshua White

Jackie

Thank you so much for getting back to me so quickly, can you tell me when Rhyanna was removed from Mr. White's care.

This will help with the appeal dates.

Thank you again

For comprehensive resources during COVID-19: www.boco.org/COVID-19Resources

Para una lista comprensiva de recursos durante COVID-19 visite: www.boco.org/COVID-19Recursos

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Elizabeth [REDACTED]

Hearing officer/ Program Integrity Specialist

[REDACTED]
[REDACTED]
[REDACTED]
515 Coffman St

Longmont CO 80501

Pronouns: She/her/hers ([why are these here?](#))

[REDACTED]
www.BoulderCountyHHS.org



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Did You Know:

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From: [REDACTED] Jackie [REDACTED]

Sent: Tuesday, March 7, 2023 3:16 PM

To: [REDACTED] Tracy [REDACTED], Elizabeth [REDACTED]

Cc: [REDACTED] Lauren [REDACTED]; [REDACTED], Allison [REDACTED]

Subject: RE: questions on appeal for Joshua White

Hello Elizabeth

Rhyanna is still in FCS custody and is no longer living with a family friend. She is now placed in a group home [REDACTED]. She is not having any contact AT ALL with Mr. White and we do not foresee this changing in the near future. He does not provide any support for Rhyanna at this time. [REDACTED]

[REDACTED] The only legal decisions that Mr. White is making regarding his daughter is medical and educational decisions. Rhyanna maintains her own therapeutic decision making and the department oversees all other areas of care including all physical care of Rhyanna.

Thank You

Jackie [REDACTED]

From: [REDACTED] Tracy [REDACTED]

Sent: Tuesday, March 7, 2023 3:12 PM

[REDACTED] [REDACTED] Elizabeth [REDACTED]

Cc: [REDACTED] Lauren [REDACTED], [REDACTED], Allison [REDACTED]

[REDACTED] Jackie [REDACTED]

Subject: RE: questions on appeal for Joshua White

Hi Elizabeth,

I hope you are doing well. I have added the ongoing worker (Allison) and her supervisor (Jackie) to this email since we have not had the case for a while.

When we transferred it to ongoing we had custody of Rhyanna and I believe we still do.

I am not sure if there are visits happening.

Allison or Jackie can you help with the questions?

Thanks

Tracy

Tracy [REDACTED]

Boulder County Department of Housing and Human Services

Intake Supervisor

[REDACTED]

[REDACTED]

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From: [REDACTED], Elizabeth [REDACTED]
Sent: Tuesday, March 7, 2023 2:51 PM
To: [REDACTED] Tracy [REDACTED]
Cc: [REDACTED], Lauren [REDACTED]
Subject: questions on appeal for Joshua White

Good Afternoon Tracy!

I hope this email finds you well.

I have some questions regarding Joshua White and his daughter Rhyanna. As he is currently appealing his discontinuance of both TANF and SNAP benefits for her as she is no longer in his custody.

I know that Rhyanna left the home and was staying with family friends based on previous case comments.

I am just needing a bit more information. Is Rhyanna currently in FCS custody and if so is Mr. White currently having visitation with his daughter? Is he able to provide any meals or snacks at the time of visits? Does he still have legal custody of her and or does he exercise responsibility of her at this time?

Warmly

Elizabeth

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Elizabeth [REDACTED]
Hearing officer/ Program Integrity Specialist

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

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Hope for the future, help when you need it.

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From: S [redacted] Jackie
To: [redacted] Elizabeth; [redacted] Tracy
Cc: [redacted] Allison
Subject: RE: questions on appeal for Joshua White
Date: Tuesday, March 7, 2023 3:22:36 PM
Attachments: [image004.png](#)
[image005.png](#)

Yes and the court ordered temporary legal custody to the department on 12/6/22.

From: [redacted] Elizabeth [redacted]
Sent: Tuesday, March 7, 2023 3:19 PM
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Hearing officer/ Program Integrity Specialist

[redacted]

[redacted]

[redacted]

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[redacted]

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BOULDER COUNTY
**HOUSING
& HUMAN
SERVICES**



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Boulder County Department of Housing and Human Services
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Redetermination/Recertification



Case Status

Open

Submit Date & Time

01/13/2023 3:11 PM

Head of Household

Joshua White (43)

Tracking Number

136812508

Phone number

520-475-7822

Case Number

1BFBHR8

Submitted early

No

Redetermination/Recertification Program List

SNAP
Cash Assistance

Late SNAP Redetermination

No

Late Adult Financial Redetermination

No

Late Colorado Works Redetermination

No

Late Medical Assistance Redetermination

No

Change Type Summary

Household/Member

Address Information Summary: No Change

Joshua White (43)

SSI determination Info Summary: New

Joshua White (43)

Liquid Assets Information: End

Joshua White (43)

Disability Summary: New

Joshua White (43)

Basic information: No Change

Joshua White (43)

Basic information: No Change

Rhyanna Sarnocinski (16)

Ethnicity and race: No Change

Joshua White (43)

Ethnicity and race: No Change

Rhyanna Sarnocinski (16)

Citizenship and lawful presence: No Change

Joshua White (43)

Citizenship and lawful presence: No Change

Rhyanna Sarnocinski (16)

Redetermination/Recertification



Address: No Change	Joshua White (43)
Address: No Change	Rhyanna Sarnocinski (16)
Residency: No Change	Joshua White (43)
Residency: No Change	Rhyanna Sarnocinski (16)
Resources: No Change	Rhyanna Sarnocinski (16)
Contact information and communication preferences: No Change	Household Changes
Authorized representative: No Change	Household Changes
Secondary PEAK account holder: No Change	Household Changes
Housing and utility bills: No Change	Household Changes
Child and adult care: No Change	Household Changes
Household members: No Change	Household Changes
Household relationships: No Change	Household Changes
Income: No Change	Joshua White (43)
Income: No Change	Rhyanna Sarnocinski (16)
Medical costs: No Change	Rhyanna Sarnocinski (16)
Medicare: No Change	Rhyanna Sarnocinski (16)
Long term services and supports: No Change	Rhyanna Sarnocinski (16)
Health insurance policy: No Change	Rhyanna Sarnocinski (16)
Access to health insurance: No Change	Rhyanna Sarnocinski (16)
Disability, blindness, or inability to work: No Change	Rhyanna Sarnocinski (16)
Supplemental Security Income (SSI) status: No Change	Rhyanna Sarnocinski (16)
Pregnancy, miscarriage, or termination: No Change	Rhyanna Sarnocinski (16)
School enrollment: No Change	Joshua White (43)
School enrollment: No Change	Rhyanna Sarnocinski (16)
Military status: No Change	Joshua White (43)
Military status: No Change	Rhyanna Sarnocinski (16)
Legal information: No Change	Joshua White (43)

Redetermination/Recertification



Legal information: No Change	Rhyanna Sarnocinski (16)
Jail or prison sentence: No Change	Joshua White (43)
Jail or prison sentence: No Change	Rhyanna Sarnocinski (16)
Assistance with burial or cremation costs: No Change	Joshua White (43)
Assistance with burial or cremation costs: No Change	Rhyanna Sarnocinski (16)
Tax filer information: No Change	Joshua White (43)
Tax filer information: No Change	Rhyanna Sarnocinski (16)
Tax deductions: No Change	Joshua White (43)
Tax deductions: No Change	Rhyanna Sarnocinski (16)

Change Type Detail	Household/Member
Address Information Summary: No Change	Joshua White (43)

Address Information Summary	No Change
Person	Joshua White
<i>I have no home address/I am homeless right now.</i>	<i>No Response</i>
Home Address	GENERAL DELIVERY, BOULDER, Colorado, 80302-9999, Boulder
Mailing Address	640, S LASHLEY LN, Apartment 108, BOULDER, Colorado, 80305-5933, Boulder
<i>In Care Of:</i>	<i>No Response</i>
<i>To receive mail related to his/her health coverage at the address</i>	<i>No Response</i>
<i>Preferred Address</i>	<i>No Response</i>
ACP Participant?	No
<i>ACP Authorization #</i>	<i>No Response</i>
<i>ACP Unit #</i>	<i>No Response</i>

Redetermination/Recertification



Change Type Detail	Household/Member
SSI determination Info Summary: New	Joshua White (43)

SSI determination Info Summary	New
Date of the SSI application or SSI Determination	01/13/2023
Status of the SSI application or SSI Determination	Pending

Change Type Detail	Household/Member
Liquid Assets Information: End	Joshua White (43)

Liquid Assets Information	Old	End
Type	Available Cash	Available Cash
Value	\$ 40.00	\$ 40.00
<i>Last 4 Digits of Account Number</i>		No Response
<i>Bank Name</i>		No Response
<i>Bank Address</i>		No Response
<i>Other Owners</i>		No Response
How did Joshua get rid of their Available Cash?		Other
<i>Reason for getting rid of Available Cash</i>		No Response
End Date		01/11/2023
<i>Amount received</i>		No Response
Change date	09/26/2021	09/26/2021

Change Type Detail	Household/Member
Disability Summary: New	Joshua White (43)

Disability Summary	New
Applied for disability through Social Security, Veterans Benefits, or Workman's Compensation?	Yes
<i>Is the Blindness or Disability expected to last longer than 12 months?</i>	<i>No Response</i>
Applied for a disability benefit from SSI?	Yes
Illnesses or injury preventing from working?	Yes
Help with activities of daily living?	No

I have agreed to submit this Renewal for myself and/or my family. By signing this Renewal electronically, I certify that I have reviewed this Renewal; that I understand and agree to the Rights, Responsibilities and Penalties; and that under penalty of perjury, I certify the information I have given is true including the information concerning citizenship and alien status. I have received information on how to apply, what information is available, and what I may need to give the Renewal site to help me with getting benefits.


- I understand the questions and statements on this Renewal.
- I have read and understand my Rights & Responsibilities in the box above.
- I understand the penalties for giving false information or breaking the rules.
- I understand that the Renewal site may contact other persons or organizations to obtain needed proof of my eligibility and level of benefits.
- I understand that failure to report or verify any listed expenses will be seen as a statement by me that I do not want to receive a deduction for the unreported or unverified expenses.
- I understand I can be punished by law if I do not tell the complete truth.
- I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.


Signature
Joshua White
01/13/2023 3:11 PM


1BFBHR8 | White, Joshua

3/08/2023, 03:24 PM - [REDACTED] - BOULDER

Open  Alerts - 48

 Colorado Works (DC)
Cert: 03/01/2023-08/31/2023
RRR: 08/2023 - D

 SNAP (AP)
Cert: 03/01/2023-08/31/2023
RRR: 08/2023 - P

 Medical Assistance (AP)
Cert: 03/01/2023-02/29/2024
RRR: 02/2024 - P

Maintain Case Comments

Case

1BFBHR8

Type

EF/WD

Program Group

Colorado Works

Date

Jan 17, 2023

Time

5:58 PM



Individual

White, Joshua Donald 43 [REDACTED] -1123 7553324

System Generated Comment

Enter Comment

ONGOING CO WORKS APPOINTMENT

Appt Type: Phone 12/27/2022 at 2pm (Rescheduled to 1/17/2023 at 2pm)

*** Client meetings have been moved to phone/virtual appointments to support with the health and wellness of this participant and their family.

HH COMP: Josh (43) and Rhyanna (16)

HOUSING: no housing, homeless

TRANSPORTATION: Josh is staying in his car, while Rhyanna is staying at a friend's house. CPS, Tracy [REDACTED] is aware and is working with Josh.

EMPLOYMENT: Not working yet. Health is still poor

RECENT WORK ACTIVITY SHEET PROVIDED? Went over his activities for Dec. Most was seeing Dr and some food banks and Court for Dtr. Updated based on declaration. Reported 5hrs of contact/meeting with his Doctor; 4hrs of food banks; 5hrs of prepping for Court and 2hrs with attorney time and 2hrs of court time. Has had a lot of medical setbacks due to health issues. Added 1.0 RECENT UPDATES/NEEDS: as of 2nd week of Dec, health has significantly gotten worse. Long COVID and Ear issues on left side. Fatigue is really bad. Sleeping at least 12hrs day and still staying in his car. His "teeth hurt". He hasn't been able to follow up with his dentist. He needs to get back to seeing the dentist. Mentally Josh is not doing well due to combination of health and things going on with his daughter.

Josh is feeling desperate because nothing is making him feel better long-term. Now the medication he takes for 10-weeks now is not working.

There's one other medication that is not covered by insurance. Hoping to get a DR to prescribe it. It's \$400mo out of pocket.

Daughter has decided to not talk to him and the family she's with has temporary physical custody. The emergency court hearing's petition says that his daughter says he physically abused her (hitting, throwing a knife at her and other objects) on at least one event. He's hurt that she has chosen to say these things and Josh says are false.

Josh thought that by going to court they would mandate visitation. His attorney said the Court would not make a child see a parent if they don't want to.

Josh is meeting with MHP and is hoping to get there help with applying with SSDI/SSI and possible housing options.

CLIENT NEXT STEPS:

- 1.) Will keep track of work activities on the CW Activity Tracking Sheet and provide it to Liz each month
- 2.) Attend your Mental Health Partner appointment next week.
- 3.) Reach out to Liz with questions brainstorming or to touch base, when needed.
- 4.) Continue to reach out to your Dr and Dentist for medical care.
- 5.) Work on applying for SSDI/SSI with help of MHP

CWSS Responsibilities/Actions/SUPPORTIVE SVCS:

- 1.) Liz will continue to support client with goals towards self-reliance.
- 2.) Gas funds \$75

RESOURCES:

Liz will provide resources and referrals as requested.

CHILD CARE NEEDS: N/A

CHILD CARE NEEDS: N/A
WF Assessment Completed?: yes, next due 4/17/23
NEXT APPT: Virtual, 1/30/2023 at 1pm

1BFBHR8 | White, Joshua

3/09/2023, 08:38 AM- [REDACTED] - BOULDER

Open

 [Alerts - 48](#)



Colorado Works (DC)
Cert: 03/01/2023-08/31/2023
RRR: 08/2023 - D



SNAP (AP)
Cert: 03/01/2023-08/31/2023
RRR: 08/2023 - P



Medical Assistance (AP)
Cert: 03/01/2023-02/29/2024
RRR: 02/2024 - P

Maintain Case Comments

Case #

1BFBHR8

Type

General

Program Group

Workforce Development

Date

Feb 3, 2023

Time

3:58 PM 

Individual

White, Joshua Donald 43  -1123 7553324

System Generated Comment

Enter Comment**ONGOING CO WORKS APPOINTMENT**

Appt Type: Virtual, 1/30/2023 at 1pm

*** Client meetings have been moved to phone/virtual appointments to support with the health and wellness of this participant and their family.

HH COMP: Josh (43)

HOUSING: Josh is still living in his vehicle and Rhyanna's custody has been taken temporarily from him.

TRANSPORTATION: No change

EMPLOYMENT: Not employed but feels he's have to try, despite his Long Covid Fatigue.

RECENT WORK ACTIVITY SHEET PROVIDED? at CW Ongoing appt (1/30/2023) Josh reports a medical relapse and approx 10hrs for legal issues around Rhyanna's custody and court. Dental issues have gotten worse as well and he has some pain.

RECENT UPDATES/NEEDS: Josh has been having a difficult time with finding out that Rhyanna will be removed from his custody temporarily (this worker created an action for eligibility to determine tanf elig). Client is worried he won't have enough income to survive in his car. He plans to contact Boulder Homeless Shelter to see about Coordinated Entry and see if he can secure housing.

CLIENT NEXT STEPS:

- 1.) I will contact Boulder Homeless Shelter to look into their Coordinated Entry Assessment and possible Transitional Housing.
- 2.) I will continue to attend my scheduled Doctors appointments
- 3.) I will contact the Center for People with Disabilities to get help with applying for SSI and SSDI (disability).

CWSS Responsibilities/Actions/SUPPORTIVE SVCS:

- 1.) Liz will continue to support client with goals towards self-reliance.
- 2.) Liz will Staff case with Jen
- 3.) Liz will Request \$50 gas funds (in addition to gas issue on 1/17/2023)

RESOURCES:

- 1.) Colorado Legal Services: 303.449.5616 (2935 Baseline Rd., Ste 301 Boulder 80303)
- 2.) Center for People with Disabilities-303.442.0502 (1675 Range St, Boulder CO 80301)
- 3.) Boulder Homeless Shelter-303.442.4646 (4869 N. Broadway Boulder CO 80304)

CHILDCARE NEEDS: NA

WF Assessment Completed?: Next due 4/17/2023

NEXT APPT: Phone: 3/2/2023 at 1:30pm



1BFBHR8 | White, Joshua

3/09/2023, 08:38 AM- [REDACTED] - BOULDER

Open

 [Alerts - 48](#)



Colorado Works (DC)
Cert: 03/01/2023-08/31/2023
RRR: 08/2023 - D



SNAP (AP)
Cert: 03/01/2023-08/31/2023
RRR: 08/2023 - P



Medical Assistance (AP)
Cert: 03/01/2023-02/29/2024
RRR: 02/2024 - P

Maintain Case Comments

Case #

1BFBHR8

Type

RRR

Program Group

Colorado Works

Date

Feb 4, 2023

Time

3:23 PM

🕒

Individual

White, Joshua Donald 43 [REDACTED]-1123 7553324

System Generated Comment

Enter Comment

***RRR ***

**Case Number, HLP/ RRR Due Month & Date Received: 1BFBHR8 & Joshua White, PEAK FA/CW RRR rec'd on 1/13/23 for March benefits tracking# 136812508

**Case Status/Details: Awaiting Verifications: CW pending VCL, FA approved for \$516 allotment, Joshua approved for Magi Parent/Caretaker, Rhyanna approved for Magi Child

**Verification Requested / Due Date: Yes: Rhyanna student verification due 2/16/23

**Interview date and type (Phone/F2F): No interview required, last one was on 8/31/22

**Rights and Responsibilities: Client signed indicating receipt. Did not review as interview was not required at this time.

**Companion cases: No open companion cases that have impact were located

**HH comp: 1A (Joshua), 1C (Rhyanna)

**Citizenship, ID & Sponsor Information (if sponsored): Previously verified, no changes reported

**Address, Phone or Email changes reported: No changes Reported

**Tax filer status: HOH/ claiming dependents: claiming Rhyanna

**Student Status: No changes Reported

**Pregnancy: No changes Reported

**Income Type & Summary: Rhyanna Schiel Corporation \$358.54

**DOLE / Work Number: Joshua DOLE/UIB no records and TWN no records, Rhyanna DOLE 4th qtr/22 Schiel Corporation \$787.75, UIB none, TWN active with Schiel Corporation

**Resources / EBT: No changes declared; the following open resources have been updated as followed: Elevations checking, Cash on hand \$40

**Shelter Summary / Homeless Disregard: No changes declared left the following shelter expense counting: Phone

**Utility expense: Client meets homeless disregard requirements, deduction given

**Expense Summary: None Declared

** SVES/IEVS/NDNH/PARIS/MUE/Prisoner Match: Viewed all; the following alerts were addressed: NDNH for Rhyanna

**Needs Exceed: HH does not exceed needs

** Referrals (Employment First, Other): Not addressed, no required interview at this time.

** Newly Created Claims/ Discrepancies: No discrepancies

** Additional Comments (if any): Due to NDNH and DOLE interfaces for Rhyanna pulled TWN and verified her income with Schiel Corporation. Since Rhyanna is 16 her student status needs to be verified VCL generated. Client reports no changes to housing and utility payments continues to receive phone expense and client reports

homeless on PFAK RRR gave Homeless shelter disregard

STATE OF COLORADO



02/05/2023

Joshua White
640 S LASHLEY LN
APT 108
BOULDER CO 80305-5933

HHS CommunitySupport
515 COFFMAN ST
LONGMONT CO 80501-5409
(303) 441-1000

Case Number: 1BFBHR8

Request for More Information

Dear Joshua White:

We need more information to make a decision about your household's benefits. **Please send the information below by the due date listed** or your benefits may be denied or may end. If this happens, you will get a separate letter to tell you which benefits were denied, when your current benefits will end, and what you can do to appeal.

Information We Need

Please send the information requested for each person below. For instructions about how to send this information, see the section, **"Where to Send the Information."**

To choose the right type of proof to send for each item, first check if there is a note in the "Notes" section below the item. If there is no note and you are not sure what we need, please call us for more information.

Information needed for **Rhyanna M Sarnocinski**

Information to send	Due date for each program: send one copy by the earliest date listed
Proof of where you are going to school to include where you attend and if you attend full-time or part-time. This proof might be school registration or attendance records.	02/16/2023 for Colorado Works
Notes for Colorado Works:	

Where to Send the Information

Send copies, not original documents. **Write your case number on every page of each document you**

send or upload. See page 1 of this letter for your case number.

Choose one of these ways to send your information:

1. Go to CO.gov/PEAK and upload your information. If you do not have an account, you can create one.
2. Mail or drop off:
HHS CommunitySupport
515 COFFMAN ST
LONGMONT CO 80501-5409
3. Fax: (303) 441-1523

For Questions and Help

Contact us at (303) 441-1000 if you need help or can't return the documents by the due date. We may be able to give you extra time if you are having trouble getting the documents.

Sincerely,

HHS CommunitySupport

(303) 441-1000



Use the Health First Colorado mobile app and take control of your coverage! Make an account at Colorado.gov/PEAK, and then download the free Health First Colorado app.



Use the Health First Colorado app to:

- See if your coverage is active
- Learn about your benefits
- Update your information
- Find providers
- View your member ID card

Consolidated Return Mail Center
P.O. Box 260
Granada, Colorado 81041-0260

Joshua D White
640 S LASHLEY LN
APT 108
BOULDER CO 80305-5933

Tear Here

HHS CommunitySupport
515 COFFMAN ST
LONGMONT CO 80501-5409



February 9, 2023

Case Number: 1BFBHR8

Joshua D White
640 S LASHLEY LN
APT 108
BOULDER CO 80305-5933

Dear Joshua D White,

This letter is about your cash and Supplemental Nutrition Assistance Program (SNAP) benefits. This letter tells you what you qualify for and next steps. It also has information about your right to appeal these decisions.

What you qualify for

Cash Assistance Benefits

You submitted a recertification for Colorado Works on January 13, 2023 and we made our decision on February 9, 2023 at 2:14 PM.

For questions about Colorado Works, contact HHS CommunitySupport at Boulder County at (303) 441-1000 or 515 COFFMAN ST LONGMONT CO 80501-5409.

Your application has been approved

- ✓ You've been approved for Colorado Works. For March 2023 to August 2023 your household will get **\$440.00**.

Who this benefit is for

- ✓ These people qualify for this benefit: **Joshua White, Rhyanna Sarnocinski**

More about your Cash Assistance benefits

- Please make sure you use your EBT card only at where you are allowed to use it. You can't use your card at gaming/gambling places, places that sell alcohol and/or marijuana, and/or firearms, and/or adult entertainment.
- Cash benefits issued to your EBT card that are unused after 9 months (274 days) will be

removed from the account. If your EBT account goes inactive (no purchases or withdrawals) after 9 months (274 days), the inactive cash benefits will be removed from the account.

- As an eligible Colorado Works household, you are able to request additional supportive payments from your county for any family needs your household may have. The supportive payments determination will be reviewed by the county upon request and approval is not guaranteed. The request may be approved based on county policy, availability, eligibility of the supportive payments requested, and Colorado Works eligibility.



SNAP Benefits

You submitted a recertification for SNAP benefits on January 13, 2023 and we made our decision on February 9, 2023 at 2:14 PM.

For questions about SNAP, contact HHS CommunitySupport at Boulder County at (303) 441-1000 or 515 COFFMAN ST LONGMONT CO 80501-5409.



Your SNAP benefits have changed.

- ✗ Your SNAP benefits have increased because there was a change in your household circumstances. Starting January 2023, your household will get **\$586.00** each month until January 2023.

Who this benefit is for

- ✓ These people qualify for this benefit: **Joshua White, Rhyanna Sarnocinski**

More about your SNAP benefits

- As a result of COVID-19, your 01/2023 SNAP benefits have been temporarily increased. You will be sent a new notice if there are any other changes to your SNAP benefits.
- You may qualify for free nutrition education classes. To learn more, call SNAP-Education at 1-844-393-SNAP (1-844-393-7627).



Your application has been approved

- ✓ From March 2023 to August 2023 your household will receive **\$491.00** each month.

Who this benefit is for

- ✓ These people qualify for this benefit: **Joshua White, Rhyanna Sarnocinski**

More about your SNAP benefits

- You will get your SNAP Benefits on your EBT card. If you don't already have an EBT card, you can receive your card via mail or the county office. If your EBT card is mailed to

you, it can take 7-10 business days to receive your card in the mail. Please allow 10 days for your card to arrive before you call about it. If you are unable to reach BOULDER County at (303) 441-1000 to inquire about the status of your card, you can call the EBT vendor at 1-888-328-2656. If you have questions or issues using your card, please call (303) 441-1000.

- If you are approved for other public assistance after you are approved for SNAP, your SNAP benefits may be reduced without further notice.
- You may qualify for free nutrition education classes. To learn more, call SNAP-Education at 1-844-393-SNAP (1-844-393-7627).
- SNAP benefits issued to your EBT card that are unused after 9 months (274 days) will be removed from the account. If your EBT account goes inactive (no food purchases or returns) after 9 months (274 days), the inactive SNAP benefits will be removed from the account.

Reporting your changes and managing your benefits online

Report changes to your information

For most programs, you must report changes for your household that could affect your benefits.

Examples of changes to report:

- Household address
- Income
- If your household changes because someone in your household marries, divorces, becomes pregnant, has or adopts a child, or joins or leaves the household for any reason
- If someone gets health coverage through an employer, COBRA, Medicare, VA Health or another source
- If someone is incarcerated

To report changes

- **SNAP or Colorado Works:** You will receive a separate letter about reporting changes.

Use PEAK® to manage SNAP or Cash Program online

Go to CO.gov/PEAK and create a username and password. You can:

- Sign up to get email or text notifications
- See what benefits you have and when they need to be renewed
- Report changes
- Apply for other benefits



Use the Health First Colorado mobile app and take control of your coverage! Make an account at CO.gov/PEAK, and then download the free Health First Colorado app.



Use the Health First Colorado app to:

- See if your coverage is active
- Learn about your benefits
- Update your information
- Find providers
- View your member ID card

If you disagree with our decision

We made our decisions by reviewing the information you gave us, including household size and income. We also get information from other state and federal sources.

You have the right to appeal decisions about your benefits, including whether you qualify and how much assistance you get. Appeal means you tell a county or state office that you disagree with a decision and you want a hearing. You may be able to continue to get benefits while you appeal. See the box below for more information.

You have the right to represent yourself at your appeal hearing. You may also choose a lawyer, relative, friend or any other person to act as your authorized representative. You may be able to get free legal help, call Colorado Legal Services at 1-303-837-1313 or visit coloradolegalservices.org for more information.

To disagree with a decision for SNAP, Colorado Works

You can request an informal meeting, appeal (ask for a formal hearing) or both. You may be able to address issues more quickly through an informal meeting (also called a county conference). If you also want to appeal, you must do it by the deadline below, even if you also want to try an informal meeting.

To ask for an informal meeting for SNAP or Cash Programs	
Deadline to request an informal meeting for SNAP: May 10, 2023	To ask for an informal meeting (county conference), you can call your county human services office and request one. Or, send a letter to your county with your name, address, telephone number, case number, and the reason you disagree with the decision. Send the letter to: BOULDER County 515 COFFMAN ST LONGMONT CO 80501-5409 Phone: (303) 441-1000
Deadline to request an informal meeting for Cash Programs: December 31, 2022	
To appeal (ask for a formal hearing) for SNAP or Cash Programs	
Deadline to appeal for SNAP: May 10, 2023	You can ask for a formal hearing with a judge (also called a State Fair Hearing) in any of these ways:

	<ul style="list-style-type: none"> • Visit cdhs.colorado.gov/snap to download a copy of an Appeal Request form, or • Mail, fax, or bring a letter to your county office at the address indicated above. Include: <ul style="list-style-type: none"> ◦ Your name ◦ Your signature (if mailing or faxing) ◦ Your mailing address ◦ Your daytime telephone number ◦ The reason for your appeal ◦ A copy of this notice. Be sure to keep a copy of the letter and this notice for your records. • Alternatively, you may call your county office and ask for a formal hearing. The county will help you put your request in writing. • Your county office will forward your appeal request to the Office of Appeals. Do not send correspondence directly to the Office of Appeals. • The Office of Appeals will mail you the date, time, and place for your hearing.
<p>Deadline to appeal for Cash Programs: May 10, 2023</p>	<p>You can ask for a formal hearing with a judge (also called a State Fair Hearing) in any of these ways:</p> <ul style="list-style-type: none"> • Mail, fax, or bring a letter to the Office of Administrative Courts with: <ul style="list-style-type: none"> ◦ Your name ◦ Your signature (if mailing or faxing) ◦ Your mailing address ◦ Your daytime telephone number ◦ The reason for your appeal ◦ A copy of this notice. Be sure to keep a copy of the letter and this notice for your records. <p>Office for Administrative Courts 1525 Sherman Street, 4th Floor Denver, CO 80203 Phone: 1-303-866-2000 Fax: 1-303-866-5909</p> <ul style="list-style-type: none"> • You can also request an appeal online at: Colorado.gov/oac/oac-form-links • For SNAP appeals, you can call your county department of human services and ask for a formal hearing. Your county can put your request in writing and submit it to the Office of Administrative Courts for you. <p>The Office of Administrative Courts will mail you the date, time</p>

and place for your hearing.

Continuing your benefits during an appeal

SNAP or Cash Assistance : If you file an appeal for SNAP, you may receive your assistance at your current amount until your hearing is decided or until your benefit period ends, whichever comes first. If you file an appeal for any Cash Assistance program, you may receive your assistance at your current amount until your hearing is decided. To continue getting benefits while you appeal, you must request the appeal by **December 31, 2022**. To make sure your benefits continue, request a hearing as soon as possible.

If you continue to receive benefits during the appeal and then lose your appeal, your household will owe us the value of any benefits you received during that time that you were not eligible to receive. If you don't want to continue to receive benefits during the appeal, you must tell your county department of human services.

Supporting Laws

- Cash Assistance: 9 CCR-2503-6, § 3.602.1.B., § 3.606.3, § 3.606.4, § 3.609.1, § 3.609.6, and § 3.609.7.
- SNAP: 10 CCR 2506-1, 4.604, 4.602, 4.603, 4.605; 10 CCR 2506-1, 4.401.1, 4.403, 4.407.3, 4.407.31

Other programs you might qualify for

- **Other programs you can apply for through PEAK®:**
 - Help with paying utility bills.
 - Early childhood programs with benefits like healthy food, breastfeeding support, help paying for childcare, parenting support, school readiness and child developmental support.
 - WIC is a nutrition program for infants and children under the age of 5 and pregnant and postpartum women. WIC provides healthy foods, personalized nutrition education, breastfeeding support, and referrals to other services. Families receiving Colorado Works/ Temporary Assistance for Needy Families (TANF), Health First Colorado (Colorado's Medicaid Program) or SNAP automatically qualify and others qualify based on income. WIC benefits are free and do not need to be repaid. Call 1-800-688-7777 (se habla español), email cdphe_askwic@state.co.us or visit www.coloradowic.com to learn more or find the WIC clinic closest to you.

Contact your county's human services agency or go to CO.gov/PEAK for program information and application. If you applied for programs other than SNAP, Cash or Medical Assistance, you will receive a separate letter.

If you think you have been treated unfairly or need communication aids and services

The Colorado Department of Human Services does not discriminate on the basis of race, color, ethnic or national origin, ancestry, age, sex, gender, gender identity and expression, sexual orientation, marital status, religion, creed, political beliefs, or disability in any of its programs, services and activities.

Each organization provides auxiliary aids and services, to individuals with disabilities, and language services, to individuals whose first language is not English, when needed to ensure equal opportunity and meaningful access to programs, services and activities. Examples of aids and services include, but are not limited to, qualified sign language interpreters, information in other formats, foreign language interpreters, and information translated into other languages. Each organization will provide aids and services in a timely manner and free of charge.

To file a discrimination complaint, request free disability or language aids and services, or learn more about this policy, please contact:

For SNAP and Cash Assistance programs: Contact the Colorado Department of Human Services, 504/ADA Coordinator, 1575 Sherman Street, Denver, CO 80203. Phone: 303-866-7129 or State Relay: 711. Fax: 303-866-6080. Email: CDHSCR@state.co.us.

Civil rights complaints can also be filed with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf or by mail, phone, or fax at: 1961 Stout Street Room 08-148 Denver, CO 80294, Telephone: 800-368-1019, Fax: 202-619-3818, TDD: 800-537-7697. Complaint forms are available at <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

Non-Discrimination Policy for SNAP

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

The U.S. Department of Agriculture also prohibits discrimination 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.

For any other information dealing with SNAP issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

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Help in your Language

Cash Assistance: (303) 441-1000

SNAP: (303) 441-1000

Español	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Tiếng Việt	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
繁體中文	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。
한국어	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
Русский	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
አማርኛ	ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች በነጻ ሊያግዝዎት ተዘጋጅተዋል፡
العربية	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.
Deutsch	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Français	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
नेपाली	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ ।
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
日本語	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
Oroomiffa	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama.
فارسی	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
Polski	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

Schedule

Rhyanna M.



22-23

Sem 1 (Q1)

Sem 1 (Q2)

Sem 2 (Q3)

Sem 2 (Q4)

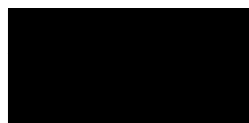
Term Sem 2 (Q3) (01/01/2023 - 03/10/2023)

DAY: FULL (M,TH F)

01

PIB 10 LA WT

8:35 AM - 9:25 AM



02

BVSD PIB SPAN 3 WT

9:30 AM - 10:20 AM



03

BVSD PIB/AP US HIST WT

10:25 AM - 11:20 AM



04

DRAW PAINT 2

11:25 AM - 12:15 PM



05

IB CHEM 1 WT


12:20 PM - 1:10 PM





1BFBHR8 | White, Joshua

3/09/2023, 08:38 AM- [REDACTED] - BOULDER

Open  [Alerts - 48](#)

 Colorado Works (DC)
Cert: 03/01/2023-08/31/2023
RRR: 08/2023 - D

 SNAP (AP)
Cert: 03/01/2023-08/31/2023
RRR: 08/2023 - P

 Medical Assistance (AP)
Cert: 03/01/2023-02/29/2024
RRR: 02/2024 - P

Maintain Case Comments

Case #

1BFBHR8

Type

Verifications

Program Group

Colorado Works


Date

Feb 9, 2023

Time

2:13 PM 

Individual

Sarnocinski, Rhyanna M 16  -9427 7553325

System Generated Comment

Enter Comment

Case Change: 1BFBHR8 & Joshua White

**Case Status & Why: FA approved for \$491 allotment, CW approved for \$440, Joshua approved for Magi Parent/Caretaker, Rhyanna approved for Magi Child

** What was reported & when: EDMS doc- Student verification rec'd on 2/6/23

** Action Taken: Updated student status for Rhyanna as verified and cleared VCL.

**Newly Created Discrepancies: \$95 FA Supplement for 1/2023

**Interfaces Summary: None

**Companion Case: None





--- KEEP THIS PAGE FOR YOUR RECORDS ---

WHAT YOU NEED TO KNOW ABOUT

REPORTING CHANGES AND YOUR COLORADO WORKS BENEFITS

NAME: Joshua D White

DATE: 02/09/2023

ADDRESS: 640 S LASHLEY LN
APT 108
BOULDER CO 80305-5933

CBMS#: 1BFBHR8

Your household has been approved for Colorado Works benefits.

In most cases, your benefits will remain constant or even increase during the certification period 03/01/2023 - 08/31/2023, as long as you remain eligible for Colorado Works. This means that you DO NOT need to report anything to us if your household circumstances have stayed the same from one month to the next.

However, there are certain changes to your household that must be reported because your benefits could be affected. In some cases, the change could cause your benefits to increase; if the change makes you ineligible for Colorado Works, your benefits will end. Failing to report information about the required changes to your household circumstances may cause you to receive benefits you should not have received which must be repaid.

Changes in any of the following circumstances MUST be reported by the 10th day of the month after the change happened:

- Changes to where you live.
- Changes to your household size (this includes changes such as when someone moves in or out of your household or if your marital status changes).
- Any new earned or unearned income.
- Changes in unearned income (money you or anyone in your household received from sources other than employment, such as unemployment benefits, child support, alimony, financial aid).
- Changes to your household's earned income that puts it over \$1002.93. (Earned income is all the money received, before taxes and other expenses, by someone in your household working in the month. It includes money from working, self-employment, and home businesses).

Always be sure to tell us about changes to your income or household that might **increase** your benefits, such as reduced pay, birth of a baby, or a new member joining your household.

--- KEEP THIS PAGE FOR YOUR RECORDS ---

--- KEEP THIS PAGE FOR YOUR RECORDS ---

If you are receiving other benefits, you must continue to report all changes required by those programs. You can find this in the correspondence from other benefit programs. Changes you report to another program could affect your Colorado Works benefits.

There are several ways to report a change to your household information. **Note that you do not need to report a change if your information has not changed.** To report a change you can:

- Report your changes online at Colorado PEAK at Colorado.gov/PEAK.
- Report your change using the MyCOBenefits app, which you can download from your Apple or Android app store.
- Complete the attached form and mail it to your county office:

Boulder County
515 COFFMAN ST
LONGMONT CO 80501-5409

Lastly, do not forget to report the hours you participated in work activities last month by the agreed due date in your Individualized Plan (IP).

If you have any questions about what you need to report and when, or need help telling us about a change, please contact us at the number provided below.

HHS CommunitySupport

(303) 441-1000

--- KEEP THIS PAGE FOR YOUR RECORDS ---

--- COMPLETE THIS PAGE WHEN YOU HAVE A CHANGE AND RETURN TO YOUR COUNTY OFFICE ---

Note: This form only needs to be submitted **WHEN** you have a change. If you do not have a change to report at this time, keep this form for any changes that may occur in the future. Additional forms can be requested from your eligibility worker. Report all required information **IF** and only if you have experienced changes in the following areas.

1) Earned and/or unearned income puts your household over the **Need Standard**, provide the following information:

Name	Where Does the Income Come From	How Often Received	Name and Address of Employer	Date Income Was/Will Be Received

2) Address or name change for anyone in your household, list the following information:

Old Name/New Name	Address

3) If anyone left or joined your household, list the following information related to this change:

Name	Relationship to you	Date of Birth	Social Security Number	Date Joined	Date Left	Date Expected to Return	Reason for Leaving

4) If anyone in your household got married, divorced, or separated, provide the following information related to this change:

Name	Spouse's or Ex-Spouse's Name	What Changed	Date of Change

5) If school information has changed for any member of your household, provide the following information related to this change below:

Name	Description of the Change

6) If expenses (things you pay for, like housing, utilities, or insurance) for anyone in the household changed, provide the following information related to this change:

--- COMPLETE THIS PAGE WHEN YOU HAVE A CHANGE AND RETURN TO YOUR COUNTY OFFICE ---

--- COMPLETE THIS PAGE WHEN YOU HAVE A CHANGE AND RETURN TO YOUR COUNTY OFFICE ---

Name	Expense Type	Description of the Change

7) If pregnancy information for anyone in your household changed, provide the following information:

Name	Description of the Change

8) If there were any other change to your household or expenses that may affect your benefits, describe the circumstances of this change:

Description of the Change

The information I give on this form must be complete and will be used to determine current, past, and future eligibility for benefits and the amount of cash assistance my household receives.

I understand that anyone in my household who breaks any of these rules on purpose can lose Colorado Works benefits. My household can lose benefits for the following reasons and length of time:

- If I, or anyone in my household, intentionally break the rules, my household can lose benefits for 12 months for the first offense, 24 months for the second offense, and permanently for the third offense;

I have read the above statement (or had it read to me) and understand it fully. I certify that all the information I have given are true, correct, and complete to the best of my knowledge.

Your Signature	Date	Telephone

If anyone helped you fill these forms out or you are a two parent household please have the other person complete this section.

Signature of spouse, person who helped fill out this report, or witness if signed with an X


Printed name of spouse, person who helped fill out this report, or witness if signed with an X


--- COMPLETE THIS PAGE WHEN YOU HAVE A CHANGE AND RETURN TO YOUR COUNTY OFFICE ---


1BFBHR8 | White, Joshua

3/09/2023, 08:38 AM- [REDACTED] - BOULDER

Open  [Alerts - 48](#)

 Colorado Works (DC)
Cert: 03/01/2023-08/31/2023
RRR: 08/2023 - D

 SNAP (AP)
Cert: 03/01/2023-08/31/2023
RRR: 08/2023 - P

 Medical Assistance (AP)
Cert: 03/01/2023-02/29/2024
RRR: 02/2024 - P

Maintain Case Comments

Case #

1BFBHR8

Type

Claims

Program Group

SNAP

Date

Feb 27, 2023

Time

12:17 PM

🕒

Individual

White, Joshua Donald 43 [REDACTED] -1123 7553324

System Generated Comment

Enter Comment

SNAP claim# 14854256 Joshua provided his recertification for Colorado Works and Food Assistance on 1/13/23. On 1/23/23 county was notified that Rhyanna was no longer in the home. Rhyanna was not removed from the household when recertification was processed on 2/9/23 and therefore Colorado Works and Food Assistance was authorized at new certification period 3/2023 ongoing. We were notified by Colorado Works Support Specialist of household composition changes and case is being corrected back to new certification month 3/2023. Joshua is no longer eligible for Colorado Works 3/2023 as only dependent child is no longer in the home and this was corrected back so removed Rhyanna from Food Assistance household 3/2023. Food Assistance 491.00 was issued to Joshuas EBT card on 2/18/23 for household 2. As Rhyanna is no longer eligible for Food Assistance 3/2023 Joshua is eligible for Food Assistance 281.00 3/2023 so Food Assistance overpayment of 210.00 for 3/2023 is valid.



STATE OF COLORADO



0014854256
Joshua D White
640 S LASHLEY LN
APT 108
BOULDER CO 80305-5933
02/27/2023

Boulder County
3400 BROADWAY ST
BOULDER CO 80304-1824
(303) 441-1000

NOTICE OF OVERPAYMENT

It has been determined that you received more Supplemental Nutrition Assistance Program (SNAP) benefits than you were eligible to receive. Your overpayment is the difference between the monthly amount your household received and the monthly amount your household should have received.

The details of your overpayment are below:

The amount you were overpaid:	\$210.00
The time period for which you were overpaid:	03/2023 - 03/2023
The type of error that caused your overpayment:	Admin Error
The reason(s) you were overpaid:	incorrectly computed benefits

Please be aware that this is one claim. All adult members of your household active at the time of the claim will receive the same notice of overpayment.

Liable Members include:

Individuals Receiving Overpayment:
Joshua D White

If your household is currently receiving SNAP and the overpayment was our fault (Agency Error) or a result of Client Error, your monthly benefits will be reduced by 10% or \$10, whichever is higher. If the overpayment was created as the result of an Intentional Program Violation (IPV), your monthly benefits will be reduced by 20% or \$20, whichever is higher. The automatic reduction to your monthly benefits will start with your next issuance and will continue until your claim is paid in full. In addition to the required benefit reduction, households may choose to have more than the 10% or \$10 or 20 % or \$20 withheld from the monthly benefits. Please refer to the Repayment Agreement to have an additional amount reduced from your monthly benefits.

If you are not currently receiving benefits you must complete and return the enclosed Repayment Agreement form within 10 calendar days of the date of this notice. If you do not make an agreement to repay the amount that you owe or if you sign a Repayment Agreement and fail to make the agreed upon payments by the agreed upon date, we may pursue other collection actions against you such as intercepting your State Tax Refund, your Property Tax Credit Rent Rebate, and/or intercepting a

NOTICE OF OVERPAYMENT, cont.

portion of your federal payment or garnishment of your wages. If not paid, the claim will be referred to the Federal government for federal collection action. Your household can make a written agreement to repay the amount of the claim prior to it being referred for Federal collection action such as intercepting your Federal Income Tax Refund, Social Security Administration (SSA) Income, Social Security Disability (SSDI), Federal Retirement, Railroad Benefits, Black Lung Benefits, Federal Salary. If the claim becomes delinquent, your household may become subject to additional processing charges.

You may inspect and copy our records related to your debt and request a review of our determination that you owe this debt. Your claim may also be compromised if your worker determines your household is not financially able to repay the full claim amount within a three-year period. If a compromise is allowed, the amount you must repay will be reduced.

If you have questions regarding this overpayment, want to inspect our records, or want to set up a payment plan, please contact the above listed telephone number.

Appeal Rights

If you do not agree with this decision, you may have a fair hearing in which you may explain why you do not agree with the amount you owe, why the overpayment happened, whether the overpayment is your fault or ours, or any other problem related to this overpayment. To request a fair hearing, either orally or in writing, contact the county below that created your overpayment:

Boulder County
3400 BROADWAY ST
BOULDER CO 80304-1824

Or write to:

Office of Administrative Courts
1525 Sherman Street; 4th Floor;
Denver, Colorado 80203

You must request the fair hearing within 90 days of the date of this notice. If you request a fair hearing within 90 days of the date of this notice, we will not reduce your benefits to collect this overpayment until a final hearing decision is made by the Administrative Law Judge. If you already had a hearing about this overpayment and it was decided at that hearing that you owed the amount listed on the enclosed Notice of Overpayment, you cannot have a second hearing.

At a fair hearing, you have the right to represent yourself or to be represented by an attorney or any other person you choose. If you want a free lawyer, you can call your local Legal Services, or if you live in the Denver area, call the Metropolitan Denver Legal Aid Society at 303-837-1313.

STATE OF COLORADO



Claim/Overpayment Detail Report

Below is an explanation of your claim/overpayment calculation. It will show you the amount of your original benefit, the amount your benefit should have been and the difference.

Begin Month	End Month	Original Benefit	Corrected Benefit	Difference Resulting in Claim/Overpayment
03/01/2023	03/31/2023	\$491.00	\$281.00	\$210.00

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Supplemental Nutrition Assistance Program (SNAP)

Claim Calculation Form

NAME Joshua D WhiteCOUNTY Boulder CountyADDRESS 640 S LASHLEY LN APT 108
BOULDER CO 80305-5933CASE NO 1BFBHR8Claim # 0014854256Error Type : Admin Error**Benefit Issued**

MONTH AND YEAR	HOUSEHOLD SIZE	GROSS INCOME	NET INCOME	ALLOTMENT AMOUNT
03-01-2023	2	\$440.00		\$491.00
LINE A			TOTAL	\$491.00

Correct Benefit

MONTH AND YEAR	HOUSEHOLD SIZE	GROSS INCOME	NET INCOME	ALLOTMENT AMOUNT
03-01-2023	1	\$220.00		\$281.00
LINE B			TOTAL	\$281.00

AMOUNT OF CLAIM (Line A minus Line B)..... \$210.00AMOUNT OF EBT EXPUNGED BENEFITS, IF ANY, APPLIED TO THE CLAIM..... \$0.00BALANCE OF CLAIM, IF ANY..... \$210.00**REASON FOR OVERPAYMENT**

Joshua provided his recertification for Colorado Works and Food Assistance on 1/13/23. On 1/23/23 county was notified that Rhyanna was no longer in the home. Rhyanna was not removed from the household when recertification was processed on 2/9/23 and therefore Colorado Works and Food Assistance was authorized at new certification period 3/2023 ongoing. We were notified by Colorado Works Support Specialist of household composition changes and case is being corrected back to new certification month 3/2023. Joshua is no longer eligible for Colorado Works 3/2023 as only dependent child is no longer in the home and this was corrected back so removed Rhyanna from Food Assistance household 3/2023. Food Assistance 491.00 was issued to Joshua's EBT card on 2/18/23 for household 2. As Rhyanna is no longer eligible for Food Assistance 3/2023 Joshua is eligible for Food Assistance 281.00 3/2023 so Food Assistance overpayment of 210.00 for 3/2023 is valid.

SNAP-14 (6/15)



Repayment Agreement

Program: Supplemental Nutrition Assistance Program (SNAP)
Who Was Overpaid: Joshua D White
Error Type: Admin Error

Claim #: 0014854256
Claim Amount: \$210.00
Current Balance: \$210.00

02/27/2023

To repay the overissuance on your SNAP benefit, you have the option of one of the following agreements below:

- Benefit Reduction Agreement
- Cash Repayment Agreement

BENEFIT REDUCTION AGREEMENT

You may pay the amount you owe by having us reduce your current monthly SNAP benefits by signing and dating below, and returning this form to your county office.

☐ I will make monthly Benefit Reduction payments.

We will reduce your benefits according to the following Benefit Reduction Guidelines and apply the reductions to the **SNAP** claim: 0014854256

Benefit Reduction Guidelines:

- If the overissuance was caused by an Inadvertent Client Error or Administrative Error, the benefit reduction will be the greater of 10% of the benefit or \$10.00.

If you want us to reduce your monthly benefits by an amount **greater than the guidelines** above, enter how much you would like taken out of your monthly benefits here: \$_____ (total monthly payment)

The amount we take out of your monthly benefits may change without notice to you if your monthly benefit amount changes.

If you choose this benefit reduction agreement and this form is received by the due date indicated on the Notice of Overpayment, the reduction to your monthly benefit will begin the second month following the due date.

CASH REPAYMENT AGREEMENT

You may repay the entire amount you owe or you can pay a portion of the amount and pay the rest in monthly installments, or you may also begin repayment with monthly installments.

Please select the cash repayment option you wish to use, sign your name, date the bottom of this form, and return this form to your county office:

- ☐ I will pay the entire balance all at once.
- ☐ I will pay \$_____ now and the rest in monthly payments of \$_____ on or before the _____ day of each month.
- ☐ I will make monthly payments in the amount of \$_____ on or before the _____ day of each month.

Please send monthly payment and make checks/money orders payable to:

**Boulder County Human Services
3400 BROADWAY ST
BOULDER CO 80304-1824**

You can make payments at any county office location in the state of Colorado.

If you have any benefits remaining in your EBT (Electronic Benefit Transfer) account that you do not need, you may use them instead of, or along with cash to make a partial payment or to make monthly payments.

Your Rights:

- You may inspect and copy our records related to your debt and request a review of our determination that you owe this debt.
- You may also contact your county office later to change this agreement if your financial circumstances change.

If you fail to make payments on the amount owed and the debt is delinquent (late), the county will pursue other collection methods that may include but are not limited to:

- State or Federal Income Tax Refund
- PTC Rent Rebate
- Social Security income (including SSA, SSDI, Railroad benefit, etc.)
- Federal Retirement or Salary

Client's Signature _____

Date _____

Client's Telephone Number _____


For County Use Only:


County Representative's Name/Signature _____ Date _____


1BFBHR8 | White, Joshua

3/09/2023, 08:38 AM- [REDACTED] - BOULDER

Open  [Alerts - 48](#)

 Colorado Works (DC)
Cert: 03/01/2023-08/31/2023
RRR: 08/2023 - D

 SNAP (AP)
Cert: 03/01/2023-08/31/2023
RRR: 08/2023 - P

 Medical Assistance (AP)
Cert: 03/01/2023-02/29/2024
RRR: 02/2024 - P

Maintain Case Comments

Case #

1BFBHR8

Type

Claims

Program Group

Colorado Works

Date

Feb 24, 2023

Time

3:51 PM

🕒

Individual

White, Joshua Donald 43 [REDACTED] -1123 7553324

System Generated Comment

Enter Comment

CW claim# 14850455 for 3/2023 is valid due to change was reported on 1/23/23 and not processed timely.



STATE OF COLORADO



0014850455
Joshua D White
640 S LASHLEY LN
APT 108
BOULDER CO 80305-5933

1BFBHR8
Boulder County
3400 BROADWAY ST
BOULDER CO 80304-1824

(303) 441-1000

02/24/2023

NOTICE OF OVERPAYMENT

It has been determined that you received more AFDC/ Colorado Works benefits than you were eligible to receive. Your overpayment is the difference between the amount you received for AFDC/Colorado Works and the amount you should have received.

The Relevant Colorado Works rules can be found at 9 CCR 2503-6, § 3.609.2, and § 3.609.3.

The details of your overpayment are below:

Who was overpaid:	Joshua D White
The amount you were overpaid:	\$440.00
The time period for which you were overpaid:	03/2023 - 03/2023
The type of error that caused your overpayment:	Admin Error
The reason(s) you were overpaid:	did not process change

If you were at fault (Client Error) for the overpayment, a hearing or court decision may change the type of error that caused your overpayment to an intentional program violation (IPV) or to fraud. Signing a document prior to a scheduled hearing or court decision will also change the overpayment type of error to IPV or fraud. Any overpayment caused by fraud will add interest, at the current legal rate, to the amount you already owe.

If you currently receive Colorado Works, your monthly benefits will be reduced by 10% to pay back the money you owe. Any decrease must be at least \$10.00. This reduction will begin immediately. If we owe you benefits, those benefits may be used to help pay for your claim.

If you currently do not receive financial assistance, you must return the Repayment Agreement form to your County Human/Social Services office after you have signed it. If you do not return the Repayment Agreement or do not make payments, we will pursue other collection actions against you, including taking your State Tax Refund, wage garnishments, and claims on estates. Any benefits that you receive in the future will be decreased until the overpayment is paid off.

SEE REVERSE SIDE FOR YOUR RIGHTS OF APPEAL

Appeal Rights

If you think this action is incorrect, you have the right to a county dispute resolution conference or a state hearing. If you need help, you may have legal representation or any person you desire to represent you. If your assistance is discontinued or denied, you may reapply for assistance at any time.

County Dispute Resolution Conference - If you want a county dispute resolution conference, you must contact the county that created this claim as shown on the other side of this form, prior to the effective date of this notice, and request a county dispute resolution conference.

State Hearing - You may skip the county dispute resolution process altogether and request a state level hearing. You have ninety (90) days from the date of this notice to ask for a state level hearing.

If you disagree with the county dispute resolution conference decision, you may request a state level hearing within ten (10) days from the date the county dispute resolution conference decision was issued.

To request a state level hearing, sign and send this notice, OR write a letter, to the address below.

Office of Administrative Courts
1525 Sherman Street, 4th Floor
Denver, Colorado 80203
Phone # 303-866-2000
Fax # 303-866-5909

Continuation of Benefits - If you request a county dispute resolution conference or a state hearing prior to the effective date of this notice, or within ten (10) days of the issuance of a dispute resolution conference decision, your benefits will automatically continue until you receive a final decision.

If you lose your appeal, you must repay any continued benefits you have received. If you choose to stop your benefits to avoid a possible overpayment and you win your hearing, your disputed benefits will be issued to you.

If you believe that you have been discriminated against because of race, color, sex, age, religion, political belief, national origin, or handicap, you have a right to complain to your County Department of Social Services or the State Department of Human Services. You can also write a letter of complaint to the Federal government at the following address:

U.S. Department of Health and Human Services
999 18th Street, Suite 417
Denver, CO 80202
Voice Phone (800) 368-1019
FAX (303) 844-2025
TDD (800) 537-7697

U .S. Department of Health and Human Services
200 Independence Avenue, S.W.
Room 509F HHH Bldg.
Washington, D.C. 20201

Colorado Works/Adult Financial

Claim Calculation Form

NAME Joshua D White
 ADDRESS 640 S LASHLEY LN APT 108
BOULDER CO 80305-5933
 CASE NO 1BFBHR8

COUNTY Boulder County
 CLAIM NO 0014850455
 ERROR TYPE Admin Error

Benefit Issued

MONTH AND YEAR	HOUSEHOLD SIZE	GROSS INCOME	NET INCOME	ALLOTMENT AMOUNT
03-01-2023	2	\$0.00		\$440.00
LINE A			TOTAL	\$440.00

Correct Benefit

MONTH AND YEAR	HOUSEHOLD SIZE	GROSS INCOME	NET INCOME	ALLOTMENT AMOUNT
03-01-2023	0	\$0.00		\$0.00
LINE B			TOTAL	\$0.00

AMOUNT OF CLAIM (Line A minus Line B)..... \$440.00
 AMOUNT OF EBT EXPUNGED BENEFITS, IF ANY, APPLIED TO THE CLAIM..... \$0.00
 BALANCE OF CLAIM, IF ANY..... \$440.00

REASON FOR OVERPAYMENT

Joshua provided his recertification for Colorado Works and Food Assistance on 1/13/23. On 1/23/23 county was notified that Rhyanna was no longer in the home. Rhyanna was not removed from the household when recertification was processed on 2/9/23 and therefore Colorado Works and Food Assistance was authorized at new certification period 3/2023 ongoing. We were notified by Colorado Works Support Specialist of household composition changes and case is being corrected back to new certification month 3/2023. Joshua is no longer eligible for Colorado Works 3/2023 as only dependent child is no longer in the home. Colorado Works 440.00 for 3/2023 was issued to Joshuas EBT card on 2/18/23 and as Joshua is no longer eligible for Colorado Works this month a valid claim was generated for 440.00 3/2023.

STATE OF COLORADO



02/24/2023

Repayment Agreement

Program: Colorado Works
Claim Amount: \$440.00

0014850455
Current Balance: \$440.00

To repay the money you received in error, please sign one of the following agreements described below.

Agreement 1: Cash Repayment Agreement
Agreement 2: Benefit Reduction Agreement

1. CASH REPAYMENT AGREEMENT

If you are not currently receiving benefits from the Colorado Works Program or Adult Financial program for which you received too much money, you are required to make payments. If payments are not made, the claim amount will be referred for Tax Intercept. You can make payments in person or by mail to any county office location in the state of Colorado. Make checks payable to the county department. **DO NOT MAKE CHECKS PAYABLE TO THE STATE.**

Please select the cash repayment option you wish to use and sign your name:

I will pay the entire balance all at once.

I will pay \$ _____ now and the rest in monthly payments of \$ _____.

I will make monthly payments in the amount of \$ _____.

If you decide to make monthly payments on a **Colorado Works** or **Adult Financial** debt, payments must comply with the following guidelines:

- For Adult Financial and Colorado Works, payments cannot be less than 10% of the benefit or \$10.00, whichever amount is greater.

If you have any benefits remaining in your EBT account that you do not need, you may use them instead of, or along with cash to make a partial payment or to make monthly payments. You may also contact us later to change this agreement if your financial circumstances change.

Signature

Date

2. BENEFIT REDUCTION AGREEMENT

If you **currently receive benefits** for the **Colorado Works Program** and/or **Adult Financial program** and the overissuance is for the same program, an automatic monthly deduction for the minimum payment amount will be taken from your benefit to repay the money you received in error.

Please sign, date, and return this form to your county office by 03/07/2023.

The automatic deduction will comply with the following withholding guidelines:

- For Adult Financial and Colorado Works, payments cannot be less than 10% of the benefit or \$10.00, whichever amount is greater.

If the Repayment Agreement is not completed and returned by the due date, we will begin reducing your monthly benefit according to the withholding guidelines above.

Additional Options

You can also choose to pay the entire balance all at once.

You can make voluntary payments in addition to the mandatory amount that is automatically taken from your monthly benefits. You will need to send the payment to the county office because this extra payment will not be taken from your monthly benefit.

Signature

Date

Consolidated Return Mail Center
P.O. Box 260
Granada, Colorado 81041-0260

Joshua D White
640 S LASHLEY LN
APT 108
BOULDER CO 80305-5933

Tear Here

HHS CommunitySupport
515 COFFMAN ST
LONGMONT CO 80501-5409



February 27, 2023

Case Number: 1BFBHR8

Joshua D White
640 S LASHLEY LN
APT 108
BOULDER CO 80305-5933

Dear Joshua D White,

This letter is about your Supplemental Nutrition Assistance Program (SNAP) benefits. This letter tells you what you qualify for and next steps. It also has information about your right to appeal these decisions.

What you qualify for



SNAP Benefits

We reviewed your information for SNAP benefits and made a decision on February 27, 2023 at 2:25 PM.

For questions about SNAP, contact HHS CommunitySupport at Boulder County at (303) 441-1000 or 515 COFFMAN ST LONGMONT CO 80501-5409.



Your SNAP benefits have changed.

- ✗ Your SNAP benefits have decreased because your household income decreased. Starting March 2023, your household will get **\$281.00** each month until August 2023.

Who this benefit is for

- ✓ These people qualify for this benefit: **Joshua White**

More about your SNAP benefits

- You may qualify for free nutrition education classes. To learn more, call SNAP-Education at 1-844-393-SNAP (1-844-393-7627).



Your SNAP benefits have changed.

- ✗ Your SNAP benefits have decreased because there was a change in the number of people in your household. Starting March 2023, your household will get **\$281.00** each month until August 2023.

Who this benefit is for

- ✓ These people qualify for this benefit: **Joshua White**

More about your SNAP benefits

- You may qualify for free nutrition education classes. To learn more, call SNAP-Education at 1-844-393-SNAP (1-844-393-7627).



Your SNAP benefits have changed.

- ✗ Your SNAP benefits have decreased because there was a change in your household circumstances. Starting March 2023, your household will get **\$281.00** each month until August 2023.

Who this benefit is for

- ✓ These people qualify for this benefit: **Joshua White**

More about your SNAP benefits

- You may qualify for free nutrition education classes. To learn more, call SNAP-Education at 1-844-393-SNAP (1-844-393-7627).

Reporting your changes and managing your benefits online

Report changes to your information

For most programs, you must report changes for your household that could affect your benefits. Examples of changes to report:

- Household address
- Income
- If your household changes because someone in your household marries, divorces, becomes pregnant, has or adopts a child, or joins or leaves the household for any reason
- If someone gets health coverage through an employer, COBRA, Medicare, VA Health or another source
- If someone is incarcerated

Use PEAK® to manage SNAP online

Go to CO.gov/PEAK and create a username and password. You can:

- Sign up to get email or text notifications
- See what benefits you have and when they need to be renewed
- Report changes
- Apply for other benefits



Use the Health First Colorado mobile app and take control of your coverage! Make an account at CO.gov/PEAK, and then download the free Health First Colorado app.



Use the Health First Colorado app to:

- See if your coverage is active
- Learn about your benefits
- Update your information
- Find providers
- View your member ID card

If you disagree with our decision

We made our decisions by reviewing the information you gave us, including household size and income. We also get information from other state and federal sources.

You have the right to appeal decisions about your benefits, including whether you qualify and how much assistance you get. Appeal means you tell a county or state office that you disagree with a decision and you want a hearing. You may be able to continue to get benefits while you appeal. See the box below for more information.

You have the right to represent yourself at your appeal hearing. You may also choose a lawyer, relative, friend or any other person to act as your authorized representative. You may be able to get free legal help, call Colorado Legal Services at 1-303-837-1313 or visit coloradolegalservices.org for more information.

To disagree with a decision for SNAP

You can request an informal meeting, appeal (ask for a formal hearing) or both. You may be able to address issues more quickly through an informal meeting (also called a county conference). If you also want to appeal, you must do it by the deadline below, even if you also want to try an informal meeting.

To ask for an informal meeting for SNAP	
Deadline to request an informal meeting for SNAP: May 28, 2023	To ask for an informal meeting (county conference), you can call your county human services office and request one. Or, send a letter to your county with your name, address, telephone number, case number, and the reason you disagree with the decision. Send the letter to: BOULDER County 515 COFFMAN ST LONGMONT CO 80501-5409 Phone: (303) 441-1000

To appeal (ask for a formal hearing) for SNAP

Deadline to appeal for SNAP:
May 28, 2023

You can ask for a formal hearing with a judge (also called a State Fair Hearing) in any of these ways:

- Visit cdhs.colorado.gov/snap to download a copy of an Appeal Request form, or
- Mail, fax, or bring a letter to your county office at the address indicated above. Include:
 - Your name
 - Your signature (if mailing or faxing)
 - Your mailing address
 - Your daytime telephone number
 - The reason for your appeal
 - A copy of this notice. Be sure to keep a copy of the letter and this notice for your records.
- Alternatively, you may call your county office and ask for a formal hearing. The county will help you put your request in writing.
- Your county office will forward your appeal request to the Office of Appeals. Do not send correspondence directly to the Office of Appeals.
- The Office of Appeals will mail you the date, time, and place for your hearing.

Continuing your benefits during an appeal

SNAP: If you file an appeal for SNAP, you may receive your assistance at your current amount until your hearing is decided or until your benefit period ends, whichever comes first. To continue getting benefits while you appeal, you must request the appeal by **February 28, 2023**. To make sure your benefits continue, request a hearing as soon as possible.

If you continue to receive benefits during the appeal and then lose your appeal, your household will owe us the value of any benefits you received during that time that you were not eligible to receive. If you don't want to continue to receive benefits during the appeal, you must tell your county department of human services.

Supporting Laws

- SNAP: 10 CCR 2506-1; 10 CCR 2506-1, 4.604, 4.602, 4.603, 4.605

Other programs you might qualify for

▪ **Other programs you can apply for through PEAK®:**

- Help with paying utility bills.
- Early childhood programs with benefits like healthy food, breastfeeding support, help paying for childcare, parenting support, school readiness and child developmental support.
- WIC is a nutrition program for infants and children under the age of 5 and pregnant and postpartum women. WIC provides healthy foods, personalized nutrition education, breastfeeding support, and referrals to other services. Families receiving Colorado Works/ Temporary Assistance for Needy Families (TANF), Health First Colorado (Colorado's Medicaid Program) or SNAP automatically qualify and others qualify based on income. WIC benefits are free and do not need to be repaid. Call 1-800-688-7777 (se habla español), email cdphe_askwic@state.co.us or visit www.coloradowic.com to learn more or find the WIC clinic closest to you.

Contact your county's human services agency or go to CO.gov/PEAK for program information and application. If you applied for programs other than SNAP, Cash or Medical Assistance, you will receive a separate letter.

If you think you have been treated unfairly or need communication aids and services

For SNAP and Cash Assistance programs: Contact the Colorado Department of Human Services, 504/ADA Coordinator, 1575 Sherman Street, Denver, CO 80203. Phone: 303-866-7129 or State Relay: 711. Fax: 303-866-6080. Email: CDHSCR@state.co.us.

Civil rights complaints can also be filed with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf or by mail, phone, or fax at: 1961 Stout Street Room 08-148 Denver, CO 80294, Telephone: 800-368-1019, Fax: 202-619-3818, TDD: 800-537-7697. Complaint forms are available at <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

USDA Nondiscrimination Policy

Do Not Send Applications Here

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

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Help in your Language

SNAP: (303) 441-1000

Español	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.
Tiếng Việt	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.
繁體中文	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。
한국어	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.
Русский	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.
አማርኛ	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡
العربية	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.
Deutsch	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.
Français	ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.
नेपाली	ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ ।
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.
日本語	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。
Oroomiffa	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama.
فارسی	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
Polski	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.

Borra, Angelica

From: [REDACTED], Liz
Sent: Monday, March 6, 2023 10:15 AM
To: SSBoulderImaging
Cc: [REDACTED] Lauren
Subject: do not task (Appeal Request): 1BFBHR8 Joshua White
Attachments: pg 1 Boulder County HHS.docx; TANF SNAP MEDICAID APPEAL Office of Administrative Courts.pdf; Claim Calculation Form.pdf

Categories: Angie

From: Joshua White [REDACTED]
Sent: Friday, March 3, 2023 6:25 PM
To: [REDACTED], Liz [REDACTED], Stacy [REDACTED]
Subject: [EXTERNAL] Re: Meeting with Eligibility

Hi Stacy and Liz,

I faxed the request for appeal hearing to Denver to reinstate benefits (attached) as well as to your office with a request for informal meeting to reinstate (attached) if that's how'd they like to handle it, which seems like the way to go, but either way is fine. Stacy, if the informal meeting can solve it and you can ping whomever to make that get going I'd appreciate it; because I never know where faxes end up.

Thanks again for meeting with me today to try to get this solved ASAP. Means a ton to me.

Josh

From: Joshua White [REDACTED] >
Sent: Friday, March 3, 2023 5:59 AM
To: [REDACTED], Liz [REDACTED], Stacy [REDACTED]
Subject: Re: Meeting with Eligibility

See attached

Regarding the letter I received:

Joshua provided his recertification for Colorado Works and Food Assistance on 1/13/23. On 1/23/23 county was notified that Rhyanna was no longer in the home. Rhyanna was not removed from the household when recertification was processed on 2/9/23 and therefore Colorado Works and Food Assistance was authorized at new certification period 3/2023 ongoing. We were notified by Colorado Works Support Specialist of household composition changes and case is being corrected back to new certification month 3/2023. Joshua is no longer eligible for Colorado Works 3/2023 as only dependent child is no longer in the home. Colorado Works 440.00 for 3/2023 was issued to Joshuas EBT card on 2/18/23 and as Joshua is no longer eligible for Colorado Works this month a valid claim was generated for 440.00 3/2023.

[xt%3D%257b%2522Tid%2522%253a%252237b2947c-8e0a-47a0-a213-43cbd12bf137%2522%252c%2522Oid%2522%253a%25226ecce106-ab30-42ab-903b-57f02d8ae1ec%2522%257d&data=05%7C01%7C%7C7bb2f4b34cf04564c6a508db1b78dea9%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C638133978213597986%7CUnknown%7CTWFpbGZsb3d8eyJWlloiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IklhaWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=spM5AKT4zzwb7ssxpA70jRqs6updzfvfiSA%2FFmT6rbk%3D&reserved=0](https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.microsoft.com%2Fen-us%2Fmicrosoft-teams%2Fdownload-app&data=05%7C01%7C%7C7bb2f4b34cf04564c6a508db1b78dea9%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C638133978213597986%7CUnknown%7CTWFpbGZsb3d8eyJWlloiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IklhaWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=spM5AKT4zzwb7ssxpA70jRqs6updzfvfiSA%2FFmT6rbk%3D&reserved=0)

Meeting ID: 240 086 360 166

Passcode: aVxtzd

Download Teams [https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.microsoft.com%2Fen-us%2Fmicrosoft-teams%2Fdownload-](https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.microsoft.com%2Fen-us%2Fmicrosoft-teams%2Fdownload-app&data=05%7C01%7C%7C7bb2f4b34cf04564c6a508db1b78dea9%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C638133978213597986%7CUnknown%7CTWFpbGZsb3d8eyJWlloiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IklhaWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=LyrOlx7DHj3qSZSjkb9TFKxL44b1ralI1JHRr66zeM%3D&reserved=0)

[app&data=05%7C01%7C%7C7bb2f4b34cf04564c6a508db1b78dea9%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C638133978213597986%7CUnknown%7CTWFpbGZsb3d8eyJWlloiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IklhaWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=LyrOlx7DHj3qSZSjkb9TFKxL44b1ralI1JHRr66zeM%3D&reserved=0](https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.microsoft.com%2Fen-us%2Fmicrosoft-teams%2Fdownload-app&data=05%7C01%7C%7C7bb2f4b34cf04564c6a508db1b78dea9%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C638133978213597986%7CUnknown%7CTWFpbGZsb3d8eyJWlloiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IklhaWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=LyrOlx7DHj3qSZSjkb9TFKxL44b1ralI1JHRr66zeM%3D&reserved=0) |

Join on the web

<https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.microsoft.com%2Fmicrosoft-teams%2Fjoin-a-meeting&data=05%7C01%7C%7C7bb2f4b34cf04564c6a508db1b78dea9%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C638133978213597986%7CUnknown%7CTWFpbGZsb3d8eyJWlloiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IklhaWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=dt8VgjzHsY1SlIjm9vp7NEWdcs5jEyPBsm65CRVigEk%3D&reserved=0>

Learn More

<https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Faka.ms%2FJoinTeamsMeeting&data=05%7C01%7C%7C7bb2f4b34cf04564c6a508db1b78dea9%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C638133978213597986%7CUnknown%7CTWFpbGZsb3d8eyJWlloiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IklhaWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=yVI3uh3HB0S7I5WukdPwYNYtQSoAnGif8Rz7OMhQyx0%3D&reserved=0> | Meeting options

<https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fteams.microsoft.com%2FmeetingOptions%2F%3ForganizerId%3D6ecce106-ab30-42ab-903b-57f02d8ae1ec%26tenantId%3D37b2947c-8e0a-47a0-a213-43cbd12bf137%26threadId%3D19%26messageId%3D0%26language%3Den-US&data=05%7C01%7C%7C7bb2f4b34cf04564c6a508db1b78dea9%7C84df9e7fe9f640afb435aaaaaaaaaaaa%7C1%7C0%7C638133978213597986%7CUnknown%7CTWFpbGZsb3d8eyJWlloiMC4wLjAwMDAiLCJQIjoiV2luMzliLCJBTiI6IklhaWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=u3TI7gmqmGx%2F0by5SATWUTioO%2BlvivCH8%2BLc8jiv9HQ%3D&reserved=0>

Boulder County HHS
3400 BROADWAY ST
BOULDER CO 80304-1824
Tel: 303-441-1000
Fax: 303-441-1523

03/03/2023

RE: Request for informal meeting to reinstate benefits, 1BFBHR8, Joshua White

Boulder County:

I received a letter from you that my benefits have been discontinued. As advised in your letter I've requested an appeal from the Office of Administrative Courts. However, it was also indicated we could potentially settle this with an informal meeting between you and I. I'd like to request that if you feel we can save ourselves the trouble of going to court. I faxed the letter below to them.

Respectfully,

Joshua D White
5203024699
Jwhite1@live.com

Office of Administrative Courts
1525 Sherman Street, 4th Floor
Denver, Colorado 80203
Phone # 303-866-2000
Fax # 303-866-5909

03/03/2023

RE: Request for State Hearing to Appeal for Reinstatement of Benefits
Request of reinstatement of full TANF, SNAP, & Medicaid funds for myself, Joshua White, and daughter; a response to a letter I received from Boulder County HHS on approximately 2-24-23

Office of Administrative Courts:

Firstly, please, **I REQUEST YOU TO INSTATE CONTINUATION OF BENEFITS PENDING APPEAL**, as I was advised in the letter to me from Boulder County HHS.

I received the following letter recently from Boulder County HHS (DHS) notifying me of the canceling of my benefits due to a determination that my daughter "is not in the home". I contest the determination and request reinstatement of benefits, please.

Letter received:

Joshua provided his recertification for Colorado Works and Food Assistance on 1/13/23. On 1/23/23 county was notified that Rhyanna was no longer in the home. Rhyanna was not removed from the household when recertification was processed on 2/9/23 and therefore Colorado Works and Food Assistance was authorized at new certification period 3/2023 ongoing. We were notified by Colorado Works Support Specialist of household composition changes and case is being corrected back to new certification month 3/2023. Joshua is no longer eligible for Colorado Works 3/2023 as only dependent child is no longer in the home. Colorado Works 440.00 for 3/2023 was issued to Joshuas EBT card on 2/18/23 and as Joshua is no longer eligible for Colorado Works this month a valid claim was generated for 440.00 3/2023.

I argue my child is "in the home" on the following grounds:

- 1 Clarifying applicable law that determines benefit eligibility based on definition of "child living in home"

The applicable CCR Rule in question is 9 2503-6, shown below with the applicable clauses highlighted and numbered.

(<https://www.sos.state.co.us/CCR/GenerateRulePdf.do?ruleVersionId=10321>)

- e. The sponsor of a non-citizen who is part of the assistance unit (whether or not the non-citizen is themselves eligible to receive Colorado Works grant payments).
- 2. The following individuals are excluded from the budgetary unit:
 - a. An optional member of the assistance unit who chooses not to receive assistance for himself or herself.
 - b. Individuals who are excluded from the assistance unit as identified in Section 3.604.2.C.3.
- E. ¹ A dependent child is considered to be living in the home of a caretaker as long as the caretaker exercises the responsibility for the care of the child even if the following occurs:
 - 1. ² The child or the caretaker is temporarily absent from the home to receive medical treatment;
 - 2. ³ The child is under the jurisdiction of the court;
 - 3. ⁴ Legal custody is held by an agency that does not have physical custody of the child;
 - 4. The child is in regular attendance at a school away from home.
- F. ⁵ School-aged, dependent children must be in school, home school, pursuing a GED, or attending online courses to obtain a high school diploma or GED. A dependent child is still considered to be a student in regular attendance during official school or training program vacation periods, absences due to illness, convalescence or family emergencies. County departments must work with families to enroll children not enrolled in and attending school.
- G. Assistance units may remain eligible and payment for the child shall continue for Colorado Works when children are absent from the home for a period greater than forty-five (45) consecutive calendar days for the following reasons:
 - 1. ⁶ Child(ren) receiving medical care or education that requires him or her to live away from the home; or,
 - 2. Child(ren) visiting a noncustodial parent, as specified in a parenting plan entered by the court or a parenting plan signed by both parties, the visit not exceeding six (6) months unless otherwise specified; or,

This rule is a transcription of the CO Revised Statute [C.R.S. 26-2-706](#), which supersedes and promulgates it. The wording is essentially verbatim, however, the CCR lacks a subtle but important fidelity creating confusion for any reader attempting to interpret the CCR and whom does not reference the superseding legal authority of the CRS statute that provides for it, in 2 ways:

(<https://advance.lexis.com/api/document/collection/statutes-legislation/id/65RT-9CW3-GXF6-8012-00008-00?cite=C.R.S.%2026-2-706&context=1000516>)

1. The CCR, while is relatively clear in its language that the eligibility inclusion exceptions, E. 1-4 are “or” statements and not “and” statements, the CRS statute clauses (1)(a.5) (I) though (V) clearly include the clarity of each being an “or” statement. See below.

2. The CRS statute eligibility inclusion clause (1)(a.5)(II) clearly distinguishes the difference between “custody” and “possession” as no doubt while declaring “Legal custody” specifically, it specifically does not declare physical “custody” and instead declares “physical possession”. However, the CCR violates it’s jurisdiction by erroneously changing the term to “physical custody”, which is a significant oversight given the historical Colorado Law that specifically defined “physical custody” as a legally binding term. See below.

(a.5) In addition to the eligibility requirements set forth in paragraph (a) of this subsection (1), in order to receive Colorado works benefits and assistance, the assistance unit shall include a dependent child who lives in the home of a parent or other specified caretaker. A dependent child is considered to be living in the home of a specified caretaker as long as the parent or other specified caretaker exercises responsibility for the care of the child even though one or more of the following occurs:

- (I)** The child is under the jurisdiction of the court; or
- (II)** Legal custody is held by an agency that does not have physical possession of the child; or
- (III)** The child is in regular attendance at school away from home; or
- (IV)** Either the child or the specified caretaker is temporarily absent from the home to receive medical treatment; or
- (V)** The child is in a voluntary foster care placement for a period not expected to exceed three months.

(b) Notwithstanding the provisions of paragraph (a) of this subsection (1), the state board shall promulgate rules to provide that two-parent families shall be treated the same as single-parent families under the provisions of this section.

I argue my child is “living in home” based on the following numerous grounds, but as these are “or” qualifications, meeting just one of them is enough to include her as “living in home” and, therefore, reinstate my benefits.

2 Item 1

I am my daughter's primary and sole caretaker and have been for many years. DHS currently has temporary protective custody based on a petition they filed feeling they had preponderance of evidence that my child needs their services for "dependency & neglect". The case is pre-adjudication meaning the court has not ruled that DHS's claims are founded (which I staunchly argue their allegations are not just unfounded, but that their presentation of them to the court as well as the resulting case planning have been intolerably egregious violations of their own federal and state regulatory mandates). So now, in addition to fighting and searching for a "good enough" cure from Long COVID, which requires daily research and appointments with my doctors that is now approaching 20 different physicians; and in addition to the constant research for housing and disability aid; I am now having to fight Boulder County's ignorant, arrogant, and self-righteous Child and Family "services" for and to care for my daughter, who has become a suicide risk under their "expert" watch.

3 Items 2 & 6

My daughter is currently and recently been admitted to a QRTP youth residential facility in Boulder (Chase House) after being transferred there from an M1 involuntary hold for suicide risk. She is awaiting a comprehensive federally mandated Independent Assessment to evaluate her and us for health and stabilization needs and care.

4 Item 5

Rhyanna has been attending Fairview HS and as of this Tuesday has returned to classes. I attended parent teacher conferences last week with each teacher.

5 Items 3 & 4

As declared in CRS clause (a.5)(II) for inclusion as “living in home”, DHS is the “agency” whom has temporary legal “custody”, but they are not in physical possession of my daughter. She is currently in the physical possession of the Qualified Residential Treatment Program (QRTP) facility, Chase House, awaiting mandated Independent Assessment. My daughter is in “temporary protective custody” of DHS (Child/Family Welfare Division) per court order resulting from a 12/6/2022 petition to Boulder County Court by DHS pending Adjudication. My parental rights have not been terminated. However, to declare that DHS has “physical custody” of my daughter is a violation of statute and a misrepresentation, because:

1. “physical custody” is a definition Colorado specifically no longer recognizes as enacted by the State effective 1999, CRS 14-10-3. The State repealed the law of “custody” and replaced with the law of “Parental Responsibilities” of “Decision-Making” and “Parental Responsibilities” of “Parenting Time”.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. 14-10-103 (3), Colorado Revised Statutes, is amended, and the said 14-10-103 is further amended BY THE ADDITION OF A NEW SUBSECTION, to read:

14-10-103. Definition and interpretation of terms. (3) On and after July 1, 1993, the term “visitation” has been changed to “parenting time”. It is not the intent of the general assembly to modify or change the meaning of the term “visitation” nor to alter the legal rights of a ~~noncustodial~~ parent with respect to the child as a result of changing the term “visitation” to “parenting time”. (4) ON AND AFTER FEBRUARY 1, 1999, THE TERM “CUSTODY” AND RELATED TERMS SUCH AS “CUSTODIAL” AND “CUSTODIAN” HAVE BEEN CHANGED TO “PARENTAL RESPONSIBILITIES”.

...

(1.5) Allocation of parental responsibilities. THE COURT SHALL DETERMINE THE ALLOCATION OF PARENTAL RESPONSIBILITIES, INCLUDING PARENTING TIME AND DECISION-MAKING RESPONSIBILITIES, IN ACCORDANCE WITH THE BEST INTERESTS OF THE CHILD GIVING PARAMOUNT CONSIDERATION TO THE PHYSICAL, MENTAL, AND EMOTIONAL CONDITIONS AND NEEDS OF THE CHILD
(https://leg.colorado.gov/sites/default/files/images/olls/1998a_sl_310.pdf)

As evidence of my daughter's attendance at Chase House, State Attorney representing DHS, Lauren Ramirez advised during a Family Meeting on 2/23/2023 to all parties and counsels:

...a quick update because that will inform the agenda, ...[Rhyanna] has been at Jefferson Hills on a mental health hold since last week, and so we've been kind of up in the air around discharge dates, next steps, placement, that sort of thing. So this morning I emailed over to Haylie [father's attorney] and Andrew [mother's attorney] some QRTP forms for assessment. ... So now she will be at Chase House, and so I think it's important for everybody to be aware of that change because that will drive next steps as well.

Respectfully,

Joshua D White
Case# 1BFBHR8
c 5203024699
jwhite1@live.com

Address: please contact me first to arrange a mailing address or fax if needed

Colorado Works/Adult Financial Claim Calculation Form

NAME Joshua D White
 ADDRESS 640 S LASHLEY LN APT 108
BOULDER CO 80305-5933
 CASE NO 1BFBHR8

COUNTY Boulder County
 CLAIM NO 0014850455
 ERROR TYPE Admin Error

Benefit Issued

MONTH AND YEAR	HOUSEHOLD SIZE	GROSS INCOME	NET INCOME	ALLOTMENT AMOUNT
03-01-2023	2	\$0.00		\$440.00
LINE A			TOTAL	\$440.00

Correct Benefit

MONTH AND YEAR	HOUSEHOLD SIZE	GROSS INCOME	NET INCOME	ALLOTMENT AMOUNT
03-01-2023	0	\$0.00		\$0.00
LINE B			TOTAL	\$0.00

AMOUNT OF CLAIM (Line A minus Line B).....	\$440.00
AMOUNT OF EBT EXPUNGED BENEFITS, IF ANY, APPLIED TO THE CLAIM.....	\$0.00
BALANCE OF CLAIM, IF ANY.....	\$440.00

REASON FOR OVERPAYMENT


Joshua provided his recertification for Colorado Works and Food Assistance on 1/13/23. On 1/23/23 county was notified that Rhyanna was no longer in the home. Rhyanna was not removed from the household when recertification was processed on 2/9/23 and therefore Colorado Works and Food Assistance was authorized at new certification period 3/2023 ongoing. We were notified by Colorado Works Support Specialist of household composition changes and case is being corrected back to new certification month 3/2023. Joshua is no longer eligible for Colorado Works 3/2023 as only dependent child is no longer in the home. Colorado Works 440.00 for 3/2023 was issued to Joshuas EBT card on 2/18/23 and as Joshua is no longer eligible for Colorado Works this month a valid claim was generated for 440.00 3/2023.


1BFBHR8 | White, Joshua

3/09/2023, 08:38 AM- [REDACTED] - BOULDER

Open  [Alerts - 48](#)

\$ Colorado Works (DC)
Cert: 03/01/2023-08/31/2023
RRR: 08/2023 - D

 SNAP (AP)
Cert: 03/01/2023-08/31/2023
RRR: 08/2023 - P

 Medical Assistance (AP)
Cert: 03/01/2023-02/29/2024
RRR: 02/2024 - P

Maintain Case Comments

Case #

1BFBHR8

Type

General

Program Group

Colorado Works

Date

Mar 6, 2023

Time

8:54 AM

🕒

Individual

White, Joshua Donald 43 [REDACTED] -1123 7553324

System Generated Comment

Enter Comment

ONGOING CO WORKS APPOINTMENT

Appt Type: by phone 3/2/2023 at 1:30pm

*** Client meetings have been moved to phone/virtual appointments to support with the health and wellness of this participant and their family.

HH COMP: Josh (43)

HOUSING: Josh is still living in his vehicle and Rhyanna's custody has been taken temporarily from him.

TRANSPORTATION: No change

EMPLOYMENT: Not employed but feels he's have to try, despite his Long Covid Fatigue.

RECENT WORK ACTIVITY SHEET PROVIDED? at CW Ongoing appt (1/30/2023) Josh reports a medical relapse and approx 10hrs for legal issues around Rhyanna's custody and court. Dental issues have gotten worse as well and he has some pain.

RECENT UPDATES/NEEDS: At the beginning of our meeting, we discussed how Josh's CW was disc'd/denied "for no eligible child in the home". He was approved for the new cert and then denied. We discussed his case with an Eligibility Supervisor after it was verified with CPS that Rhyanna is out of Josh's physical custody and in Foster Care but that his parental rights have not been removed. Since the case is still denied, Josh has decided to appeal the CW denial.

CLIENT NEXT STEPS:

- 1.) I will keep track of work activities on the CW Activity Tracking Sheet and provide it to Liz between the 10th and 20th of each month
- 2.) I will continue to attend my scheduled Doctors appointments
- 3.) I will continue to check in on Rhyanna's progress and work towards reunification.
- 4.) I will send in an Appeal for the denial of Colorado Works, to Boulder County DHHS and the Office of Administrative Courts in Denver CO, before 3/8/2023 and request the my CW is continued through the appeal process.

CWSS Responsibilities/Actions/SUPPORTIVE SVCS:

- 1.) Liz will continue to support client with goals towards self-reliance.
- 2.) Liz will Request \$75 in gas funds

RESOURCES:

- 1.) Hopelight Clinic-1351 Collyer St Longmont, CO 80501, 303.776.7117 <http://www.hopelightclinic.org/> (for help with Chronic Illness)
- 2.) Boulder Mental Health Partners -303.443.8500 (Therapeutic Evaluation)
<https://www.mhpcolorado.org/about/locations/boulder/>

CHILDCARE NEEDS: NA

WE Assessment Completed? Next due 4/17/2023

