-	(your county)	County Food and Nutrition Services Program
	Notification	of EBT System Transaction Error
Name:	Jane Doe	
Address:	123 IOU Lane	
	Anytown, NC 12345	
Case ID#: _	12345	NCFAST ID#:123456789
received \$ store) (amount) w	(amount) in error due to a on ill be taken out of your EBT accounts.	lutrition Services benefits were placed in your EBT account in error. Y system malfunction. This transaction occurred at <u>(name (date transaction occurred)</u> . Benefits in the amount of int on <u>(ten workdays from date of notice)</u> , which is ten workday on concerning this transaction is attached.
	gulations supporting this action ar utrition Services Certification Manu	e found in Section 715, EBT System Transaction Error Adjustments, of tal.
your local Formay contact household or including an	bood and Nutrition Services Office them either in person, by telephor by your authorized representation	if you do not agree with our decision. You can get a fair hearing by lett or County Department of Social Services know you want a hearing. Yone, or in writing. The hearing may be requested by any member of you. You can be represented at the hearing by a personal representative expense. Free legal advice may be available; contact your nearest Le
	days from the date of this letter, to do not ask for a hearing by this	hat is, until <u>(enter date which is 90 days from date of notice)</u> to reques date, you can not have one.
hearing withi the extra ber	in ten calendar days, benefits will nefits are deducted from the EBT	ne Food and Nutrition Services benefits from your account and request not be taken out of your account until a hearing decision is reached. Or account, no adjustment will be made until a hearing decision is reached the benefits will be deducted from your EBT account.
return the for		Nutrition Services Office at(enter phone number) or fill out a pur decision or ask any questions about how a fair hearing works, call you
Caseworker	·. ·	Date:
• • • • • • • • • • • • • • • • • • • •		ear off, and mail to: County DS
		Address:
Name of Per	son Requesting Hearing:	Today's Date:
Address:		
		Signature:
FOR OFFICE	E USE ONLY:	
Caseworker	:(enter name/number)	Date Notice Mailed to Client: _(enter date mailed
		e, if returned) Date DSS-1473 Mailed:(enter date mailed)