

**Press Contact:**  
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**For Immediate Release: August 18, 2025**

## **Service Alert: DHS Division of Family Assistance Improves SNAP and CASH Recertification Notices for Clients**

**U.S. VIRGIN ISLANDS** - The Virgin Islands Department of Human Services (DHS), Division of Family Assistance (DFA), announced today the launch of a **new and improved SNAP and CASH Recertification Appointment Notice**. Previously called the *Notice of Expiration*, the updated form is designed to provide clearer instructions and ensure clients have all the information they need to maintain uninterrupted benefits.

The new notice, titled **"YOUR BENEFITS ARE ENDING SOON – YOU NEED TO ACT NOW TO KEEP RECEIVING SNAP or CASH BENEFITS"**, is three (3) double-sided pages. As standard, it includes key information such as:

- **Client's Name, Case Number, and Mailing Address**
- **Benefits End Date** (if no action is taken by the interview appointment date)
- **List of Additional Mandatory Verification or PROOF needed, if any**

It also contains detailed instructions on:

- Steps to **continue receiving SNAP or CASH Assistance benefits**
- Scheduled **Interview date and time**
- Where **to seek help**
- How to **return updates and required documents**
- How to request a **Fair Hearing**
- **Caseworker's name and contact information**

**REMINDER: ALL SNAP/CASH HOUSEHOLD MUST BE INTERVIEWED "IN-PERSON" TO CONTINUE RECEIVING BENEFITS FOR THESE PROGRAMS.**

Appointment Notice **will include** a scheduled **date and time** for the client's interview.

- Clients may request a **telephone interview but must contact their case worker** to make this request.
- If no request is made, the client is **expected** to attend the scheduled **In-Person** interview. In-person interviews can be rescheduled if necessary.

**CLIENTS ARE URGED TO READ THEIR NOTICES AND PAY ATTENTION TO THE INFORMATION RECEIVED. CLIENTS ARE ALSO URGED TO UPDATE PHYSICAL AND MAILING ADDRESSES (PROVIDING THE PROOF), ALONG WITH THEIR CONTACT NUMBERS. NOTICES ARE MAILED BY THE 15TH OF THE MONTH.**

**Please contact your case worker or call the Certification Unit Offices with any questions at:**

St. Croix – Phone: (340) 772-7100 Ext. 7159; 7166; 7066; 7012

St. Thomas – Phone: (340) 774-0930 Ext. 4303; or (340) 774-2399

St. John – Phone: (340) 774-0930 Ext. 4275; (340) 725-6221; or (340) 776-6334

**Options to contact our offices and/or to return your documents:**

**St. Croix District**

\*In person at: Department of Human Services, 41-B Mars Hill, Frederiksted, VI 00820

\*Via mail carrier at: Department of Human Services, 4102 Mars Hill, Frederiksted, VI 00840-3376

\*E-Mail – [certoffice.stx@dhs.vi.gov](mailto:certoffice.stx@dhs.vi.gov)

\*Drop box located at: Department of Human Services, 41-B Mars Hill, Frederiksted, VI 00820

**St. Thomas and St. John District**

\*In person or via mail carrier at: Department of Human Services, 1303 Hospital Ground, St. Thomas, VI 00802

\*E-Mail – [certoffice.stt@dhs.vi.gov](mailto:certoffice.stt@dhs.vi.gov)

\*Drop Box located at: Department of Human Services, 1303 Hospital Ground, St. Thomas, VI 00802

\*Drop Box located at: DHS, Multipurpose Building, 307 Enighed, Contant, Cruz Bay, VI 00830

**Clients can also check their card balance by calling 1-866-884-2868 and follow the prompts, or by logging on to the EBT App at [www.fisglobal.com/ebtedgemobile](http://www.fisglobal.com/ebtedgemobile).**

The Department of Human Services (VIDHS) exists to provide social services to members in our community with diverse needs. In times of national uncertainty and hardship we act as a safety-net and exist to inspire hope and empower change through non-judgmental, quality delivery of needed services and resources. Please visit the Department of Human Services website, [www.dhs.gov.vi](http://www.dhs.gov.vi) or on Facebook (<https://www.facebook.com/usvidhs>).

**###END###**

Division of Family Assistance 4102 Mars Hill Frederiksted, VI 00840-3376 340-772-7100, Ext. 7159, 7192	Government of the Virgin Islands  Department of Human Services	Division of Family Assistance 1303 Hospital Ground, Ste. 1 St. Thomas/ST. John VI 00802-6722 340-774-0930 ext. 4275 or 340-774-2399 or 340-776-6334
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**SAMPLE NEW RECERTIFICATION NOTICE (formerly NOTICE OF EXPIRATION)**

Case Number: *Case Number*  
 Case Name and address

Date: *Notice Date*

**Your Benefits are Ending Soon  
 You Need to Act Now to Keep Receiving SNAP/CASH Benefits**

Dear *John Doe*,

This letter is to tell you that your Supplemental Nutrition Assistance Program (SNAP)/CASH benefits **will stop** on *February 28, 2025*. You must **recertify** before this date if you want your SNAP/CASH benefits to continue.

**What do you need to do to keep your SNAP/CASH benefits?**

**Act now.** To **recertify**, you will need to fill out and submit a recertification application and complete an **IN-PERSON INTERVIEW**. Your recertification application will be accepted if it contains a signature and a legible name and address. Your **IN-PERSON INTERVIEW** appointment is scheduled for:

*February 18, 2025, at 2:00 PM*

Your Case Worker is J Doe, *ext. 0000*

Your benefits may be late if you do not submit the recertification application by *February 18, 2025*, and complete the **IN-PERSON INTERVIEW**. Please do not wait to submit your recertification application and supporting documents, listed in Step 3.

**How do you recertify?**

You need to follow these steps to **recertify**:

**Step 1. Fill out and submit the recertification application.**

Use the paper recertification application enclosed. Answer the questions. Then, sign and date and return the recertification application and all supporting documents. You can return it to us in any of the following ways:

By mail: Mail your recertification application form and supporting documents to:

Department of Human Services  
 Division of Family Assistance  
 Certification Unit  
 1303 Hospital Ground, STE 1  
 St. Thomas, VI 00802

In person: Bring your recertification application and supporting documents to the Certification Unit local office. The Department of Human Services Certification office is located at:

1303 Hospital Ground, STE 1  
 St. Thomas, VI 00802

By email: Submit your form via email to: [certoffice.stt@dhs.vi.gov](mailto:certoffice.stt@dhs.vi.gov)

If you misplace your recertification application, you can get another one at [www.dhs.vi.gov](http://www.dhs.vi.gov). Print it, fill it out, sign and date, and return it to us by any of the methods listed above.

Case Number: 000000

Date: January 21, 2025

**Step 2. Complete an IN-PERSON INTERVIEW.** Your IN-PERSON INTERVIEW is scheduled for *February 6, 2025, at 8:30 AM*.

Should you want to have a telephone interview, you must make the request by calling our office at (340) 774-0930 or (340) 774-2399. You will be called at the telephone number you provided on your recertification application. Therefore, please ensure that the number you provide on your recertification application is correct. Be reminded that your completed recertification application must be received in our office prior to your telephone interview.

You must schedule another IN-PERSON INTERVIEW if you miss this one.

We may delay or deny your SNAP/CASH benefits if you do not complete your IN-PERSON INTERVIEW by *February 15, 2025*.

**Step 3. Provide any additional information we need.**

We may need you to provide more information. We call this information *proof*. It proves that what you stated in your recertification application form is correct.

You are responsible for giving us the proof we need to process your case. Please see the enclosed list to find out what, if anything, you need to give us.

For faster service, please give us the proof we need with your recertification application. Please send only copies of your documents because we cannot return any original documents to you. Failure to provide proof on time may result in the reduction, delay or denial of your SNAP/CASH benefits.

**What else do you need to know?**

You always have the right to receive a recertification application form upon request and submit it to us with name, address, and signature only. Because you are already receiving SNAP/CASH benefits, we strongly recommend you use the recertification application form, and answer as many questions on it as you can. This can help you get benefits faster.

You have the right to ask us to do a formal review of our decision. We call this a *fair hearing*. Read the section on "Your Right to a Fair Hearing" at the end of this notice.

**What to do if you need help?**

You may call us at 340-774-0930 or 340-774-2399 if you need help recertifying or have questions. You may also call us to get information about how to use an authorized representative if you need one. An authorized representative is a person you select who can talk to us about your case.

Sincerely,

Case Worker: J. Doe, ext.0000

Department of Human Services

Division of Family Assistance - Certification Unit

## USDA Nondiscrimination Statement

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

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

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

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

This institution is an equal opportunity provider.

### Créole Français

Si ou gen difikilte pou konprann anglè oswa ou gen yon andikap, asistans lengwistik gratis oswa lòt èd ak sèvis disponib sou demann. Tanpri rele: (340) 772-7106 St. Croix oswa (340) 715-6936 St. Thomas.

### Español

Si tiene dificultades para entender la lengua inglesa o presenta una discapacidad, puede solicitar asistencia lingüística y otros tipos de ayuda y servicios sin costo alguno. Llame el siguiente número de teléfono:

(340) 772-7106 la oficina en St. Croix o (340) 715-6936 la oficina en St. Thomas.

Case Number: 000000

Date: *January 21, 2025*

HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: [OCRmail@hhs.gov](mailto:OCRmail@hhs.gov). For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov) or call OCR toll-free at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

**Créole Français**

Si ou gen difikilite pou konprann anglè oswa ou gen yon andikap, asistans lengwistik gratis oswa lòt èd ak sèvis disponib sou demann. Tanpri rele: (340) 772-7106 St. Croix oswa (340) 715-6936 St. Thomas.

**Español**

Si tiene dificultades para entender la lengua inglesa o presenta una discapacidad, puede solicitar asistencia lingüística y otros tipos de ayuda y servicios sin costo alguno. Llame el siguiente número de teléfono: (340) 772-7106 la oficina en St. Croix o (340) 715-6936 la oficina en St. Thomas.

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**What other Federal laws apply to TANF?**

(a) Under section 408(d) of the Act, the following provisions of law apply to any program or activity funded with Federal TANF funds:

- (1) The Age Discrimination Act of 1975;
- (2) Section 504 of the Rehabilitation Act of 1973;
- (3) The Americans with Disabilities Act of 1990; and
- (4) Title VI of the Civil Rights Act of 1964.

(b) The limitation on Federal regulatory and enforcement authority at section 417 of the Act does not limit the effect of other Federal laws, including Federal employment laws (such as the Fair Labor Standards Act (FLSA), the Occupational Safety and Health Act (OSHA) and unemployment insurance (UI)) and nondiscrimination laws. These laws apply to TANF beneficiaries in the same manner as they apply to other workers.

Case Number: 000000

Date: *January 21, 2025*

### Your Right to a Fair Hearing

#### What is a fair hearing?

If you disagree with a decision made on your SNAP/CASH application or case, you have the right to request a fair hearing. A fair hearing means that an official will review the facts of your case in a fair and objective manner as required by law.

#### In what situations can you ask for a fair hearing?

You may ask for a fair hearing if any of the following apply to you:

You applied for SNAP/CASH benefits and were denied.

You disagree with the decision on your case.

You believe your SNAP/CASH benefits were not calculated correctly.

#### When is the deadline to request a fair hearing?

If you want a fair hearing because we closed your SNAP/CASH case or denied your request for SNAP/CASH benefits, you must request it within 90 days from the decision date.

If you want a fair hearing about your current SNAP/CASH benefits, you must request a fair hearing within 90 days of the decision date.

If you request a hearing because we closed your case or decreased your SNAP/CASH benefits, you may choose to keep getting your benefits until a hearing decision is made. You may choose to continue receiving SNAP/CASH benefits only if your certification period has not ended. If you choose to do this, you may have to pay those SNAP/CASH benefits back if you lose the fair hearing. To continue your SNAP/CASH benefits, you must request a fair hearing within 90 days of the decision date.

#### How do you ask for a fair hearing?

To request a fair hearing, call (340) 772-7100 ext. 7187) or fill out the next page and return it to the address listed.

Case Number: 000000

Date: January 21, 2025

MAIL FAIR HEARING REQUEST TO:

Department of Human Services  
Office of Hearing and Appeals  
4102 Mars Hill  
Frederiksted, VI 00840-3375

Name of Person Requesting Hearing: \_\_\_\_\_

Case Number: *CARIBS Case Number*: \_\_\_\_\_

Client Name: *CARIBS Head of Household*: \_\_\_\_\_

Telephone Number(s) where you can be reached: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Why are you requesting a Fair Hearing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the appropriate box below:

☐ I WANT to continue receiving the amount of SNAP/CSH benefits I am now receiving until the hearing.

☐ I DO NOT want to continue receiving the amount of SNAP/CASH benefits I am now receiving until the hearing.

Do you need any of the following services?

Language Translator ☐ Yes ☐ No Language: \_\_\_\_\_

Sign Language Interpreter ☐ Yes ☐ No

Special Accommodation Due to Disability ☐ Yes ☐ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Division of Family Assistance 4102 Mars Hill Frederiksted, VI 00840-3376 340-772-7100, Ext. 7159, 7192	Government of the Virgin Islands  Department of Human Services	Division of Family Assistance 1303 Hospital Ground, Ste. 1 St. Thomas/ST. John VI 00802-6722 340-774-0930 ext. 4275 or 340-774-2399 or 340-776-6334
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**SAMPLE NEW RECERTIFICATION NOTICE (formerly NOTICE OF EXPIRATION)**

Case Number:  
Case name and address

Date: Notice Date

**Your Benefits are Ending Soon  
You Need to Act Now to Keep Receiving SNAP Benefits**

Dear *John Doe*,

This letter is to tell you that your Supplemental Nutrition Assistance Program (SNAP) benefits **will stop** on *February 28, 2025*. You must **recertify** before this date if you want your SNAP benefits to continue.

**What do you need to do to keep your SNAP benefits?**

**Act now.** To **recertify**, you will need to fill out and submit a recertification application and complete an **IN-PERSON INTERVIEW**. Your recertification application will be accepted if it contains a signature and a legible name and address. Your **IN-PERSON INTERVIEW** appointment is scheduled for:

*February 5, 2025, at 10:30 AM*

Your Case Worker is *J. Doe, ext. 345*

Your benefits may be late if you do not submit the recertification application by *February 15, 2025*, and complete the **IN-PERSON INTERVIEW**. Please do not wait to submit your recertification application and supporting documents, listed in Step 3.

**How do you recertify?**

You need to follow these steps to **recertify**:

**Step 1. Fill out and submit the recertification application.**

Use the paper recertification application enclosed. Answer the questions. Then, sign and date and return the recertification application and all supporting documents. You can return it to us in any of the following ways:

By mail: Mail your recertification application form and supporting documents to:

Department of Human Services  
Division of Family Assistance  
Certification Unit  
4102 Mars Hill  
Frederiksted, VI 00840-3375

In person: Bring your recertification application and supporting documents to the Certification Unit local office. The Department of Human Services Certification local office is located at:

4102 Mars Hill  
Frederiksted, VI 00840-3375

By email: Submit your form via email to: [certoffice.stx@dhs.vi.gov](mailto:certoffice.stx@dhs.vi.gov)

If you misplace your recertification application, you can get another one at [www.dhs.vi.gov](http://www.dhs.vi.gov). Print it, fill it out, sign and date, and return it to us by any of the methods listed above.

Case Number: 000000

Date: January 21, 2025

**Step 2. Complete an IN-PERSON INTERVIEW.** Your IN-PERSON INTERVIEW is scheduled for *February 6, 2025, at 8:30 AM*.

Should you want to have a telephone interview, you must make the request by calling our office at (340) 774-0930 or (340) 774-2399. You will be called at the telephone number you provided on your recertification application. Therefore, please ensure that the number you provide on your recertification application is correct. Be reminded that your completed recertification application must be received in our office prior to your telephone interview.

You must schedule another IN-PERSON INTERVIEW if you miss this one.

We may delay or deny your SNAP benefits if you do not complete your IN-PERSON INTERVIEW by *February 15, 2025*.

**Step 3. Provide any additional information we need.**

We may need you to provide more information. We call this information *proof*. It proves that what you stated in your recertification application form is correct.

You are responsible for giving us the proof we need to process your case. Please see the enclosed list to find out what, if anything, you need to give us.

For faster service, please give us the proof we need with your recertification application. Please send only copies of your documents because we cannot return any original documents to you. Failure to provide proof on time may result in the reduction, delay or denial of your SNAP benefits.

**What else do you need to know?**

You always have the right to receive a recertification application form upon request and submit it to us with name, address, and signature only. Because you are already receiving SNAP benefits, we strongly recommend you use the recertification application form, and answer as many questions on it as you can. This can help you get benefits faster.

You have the right to ask us to do a formal review of our decision. We call this a *fair hearing*. Read the section on “Your Right to a Fair Hearing” at the end of this notice.

**What to do if you need help?**

You may call us at 340-774-0930 or 340-774-2399 if you need help recertifying or have questions. You may also call us to get information about how to use an authorized representative if you need one. An authorized representative is a person you select who can talk to us about your case.

Sincerely,  
Case Worker: *J. Doe, ext.0000*  
Department of Human Services  
Division of Family Assistance - Certification Unit

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, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

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

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

This institution is an equal opportunity provider.

#### Créole Français

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#### Español

Si tiene dificultades para entender la lengua inglesa o presenta una discapacidad, puede solicitar asistencia lingüística y otros tipos de ayuda y servicios sin costo alguno. Llame el siguiente número de teléfono:  
(340) 772-7106 la oficina en St. Croix o (340) 715-6936 la oficina en St. Thomas.

Case Number: 000000

Date: January 21, 2025

HHH Bldg., Washington, D.C. 20201; fax: (202) 619-3818; or email: [OCRmail@hhs.gov](mailto:OCRmail@hhs.gov). For faster processing, we encourage you to use the OCR online portal to file complaints rather than filing via mail. Persons who need assistance with filing a civil rights complaint can email OCR at [OCRMail@hhs.gov](mailto:OCRMail@hhs.gov) or call OCR toll-free

at 1-800-368-1019, TDD 1-800-537-7697. For persons who are deaf, hard of hearing, or have speech difficulties, please dial 7-1-1 to access telecommunications relay services. We also provide alternative formats (such as Braille and large print), auxiliary aids and language assistance services free of charge for filing a complaint.

This institution is an equal opportunity provider.

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Si ou gen difikilte pou konprann anglè oswa ou gen yon andikap, asistans lengwistik gratis oswa lòt èd ak sèvis disponib sou demann. Tanpri rele: (340) 772-7106 St. Croix oswa (340) 715-6936 St. Thomas.

#### Español

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### What other Federal laws apply to TANF?

(a) Under section 408(d) of the Act, the following provisions of law apply to any program or activity funded with Federal TANF funds:

- (1) The Age Discrimination Act of 1975;
- (2) Section 504 of the Rehabilitation Act of 1973;
- (3) The Americans with Disabilities Act of 1990; and
- (4) Title VI of the Civil Rights Act of 1964.

(b) The limitation on Federal regulatory and enforcement authority at section 417 of the Act does not limit the effect of other Federal laws, including Federal employment laws (such as the Fair Labor Standards Act (FLSA), the Occupational Safety and Health Act (OSHA) and unemployment insurance (UI)) and nondiscrimination laws. These laws apply to TANF beneficiaries in the same manner as they apply to other workers.

If you disagree with a decision made on your SNAP/CASH application or case, you have the right to request a fair hearing. A fair hearing means that an official will review the facts of your case in a fair and objective manner as required by law.

In what situations can you ask for a fair hearing?

You may ask for a fair hearing if any of the following apply to you:

You applied for SNAP benefits and were denied.

You disagree with the decision on your case.

You believe your SNAP benefits were not calculated correctly.

When is the deadline to request a fair hearing?

If you want a fair hearing because we closed your SNAP case or denied your request for SNAP benefits, you must request it within 90 days from the decision date.

If you want a fair hearing about your current SNAP benefits, you must request a fair hearing within 90 days of the decision date.

If you request a hearing because we closed your case or decreased your SNAP benefits, you may choose to keep getting your benefits until a hearing decision is made. You may choose to continue receiving SNAP benefits only if your certification period has not ended. If you choose to do this, you may have to pay those SNAP benefits back if you lose the fair hearing. To continue your SNAP benefits, you must request a fair hearing within 90 days of the decision date.

How do you ask for a fair hearing?

To request a fair hearing, call (340) 772-7100 ext. 7187) or fill out the next page and return it to the address listed.

Case Number: 000000

Date: *January 21, 2025*

MAIL FAIR HEARING REQUEST TO:

Department of Human Services  
Office of Hearing and Appeals  
4102 Mars Hill  
Frederiksted, VI 00840-3375

Name of Person Requesting Hearing: \_\_\_\_\_

Case Number: *CARIBS Case Number*: \_\_\_\_\_

Client Name: *CARIBS Head of Household*: \_\_\_\_\_

Telephone Number(s) where you can be reached: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Why are you requesting a Fair Hearing?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check the appropriate box below:

☐ I WANT to continue receiving the amount of SNAP benefits I am now receiving until the hearing.

☐ I DO NOT want to continue receiving the amount of SNAP benefits I am now receiving until the hearing.

Do you need any of the following services?

Language Translator ☐ Yes ☐ No Language: \_\_\_\_\_

Sign Language Interpreter ☐ Yes ☐ No

Special Accommodation Due to Disability ☐ Yes ☐ No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_