W-1051
(Rev. 6/26)

# Department of Social Services

## Notice of Action - Denial
## Summer EBT Program

Date: _____

S-EBT Case Number: _____

Dear_____:

We received your request for Summer EBT (S-EBT) benefits. After review, we decided that your request must be **denied.**

We made this decision for the following reason(s):

- ☐ Your child/children already have S-EBT benefits this year. Families only get one deposit of $120.00 per eligible child each year.
- ☐ We already have an application for your child/children submitted on _____ (date), we will use that earlier application instead.
- ☐ Your household is over the income limit for S-EBT. For a household of ___ the income limit is _____.
- ☐ Your child/children do not attend a National School Lunch Program participating school.
- ☐ Other: _____

  _____

**You have the right to reapply at any time before August 31, 2026.**

**If you have questions about this notice, please call the Summer EBT Program at 1-844-503-6871, Monday – Friday 8:30a.m. to 5:00p.m.**

If you think DSS made a mistake you may request a hearing within 90 days of the date of this notice by calling DSS at 1-800-462-0134, or by written request faxed to (860) 424-5729 or mailed to: Department of Social Services, Office of Legal Counsel, Regulations, and Administrative Hearings, 55 Farmington Ave., Hartford, CT 06105.

When calling or writing DSS to ask for a hearing, please tell us that you are calling or writing about an issue concerning S-EBT benefits.

**USDA Food and Nutrition Nondiscrimination Statement**

This explains what to do if you believe you have been treated unfairly.

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), disability, age, 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 responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or 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 (866) 632-9992, 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 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; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.