# Department of Social Services

**Notice of Action – Missing Information**
**Summer EBT Program**

W-1052
(Rev 6/26)

Date: _____

S-EBT Case Number: _____

Dear_____:

We received your request for Summer EBT (S-EBT) benefits. After review, we determined that your request must be **denied due to missing information**.

To re-open your application for _____, please provide the following

missing information:

- ☐ A response telling us if all adult household members have income
- ☐ Clarification on the frequency of household income
- ☐ The total number of people in your family/household
- ☐ The names of **all** household members
- ☐ A signature
- ☐ Other: _____

  _____

**If we do not hear from you, your application will remain denied. You have the right to reapply at any time on or 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. – 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 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.