

How to Document SNAP, TANF, or Medicaid

If your household is currently enrolled in SNAP, TANF, or Medicaid, you may provide the Notice of Case Action for the Income section. For households enrolled in more than one of these programs, provide one of the Notices based on the following order: (1) TANF, (2) SNAP, and (3) Medicaid. For example, if your household receives TANF and Medicaid, you only need to submit the TANF Notice of Case Action.

Please note that we may request additional income documentation if the household members on the Notice of Case Action differ from the household members listed on your application.

Instructions are provided below.

Login to your **'MYACCESS' account** at <https://www.myflorida.com/accessflorida/>

The screenshot shows the ACCESS Florida website interface. At the top left is the logo for the Florida Department of Family Services. The main header includes the text 'ACCESS Florida' and navigation links for 'English | Español | Kreyòl', 'Click here for Help', and 'Click here for American Sign Language Video'. A user is logged in, with a 'Logout' button and a 'Print' button. Below the header are two main tabs: 'My Benefits' and 'My Applications'. A message states: 'If you have a security (secret) code on your EBT account, you MUST call EBT Customer Service at 888-356-3281 to request a replacement card.' The 'Benefit Summary' section includes a link to 'click here' for more information. The 'Case Information' section contains a table with columns: Case Number, Head of the Household, Scheduled Appointments, Upload and View My Documents, My Notices, and Replace My Notices. The 'My Notices' column contains a 'click here' link. A green callout box with an arrow points to this link, containing the text: 'Under My Notices, click "click here"'. A large light blue arrow points from the callout box towards the bottom of the page.

Case Number	Head of the Household	Scheduled Appointments	Upload and View My Documents	My Notices	Replace My Notices
[REDACTED]	[REDACTED]	No appointments scheduled	click here	click here	

Hello [redacted] You are logged in. [Logout](#)

[Manage My Account](#) [Print](#)

[Back to Benefit Summary](#)

My Benefits
My Applications

My Notices

This information is current as of May 3, 2021. If you made any changes to your case within the last 24 hours, please allow time for this information to be processed into the system. Please check back later.

Case Information

Case Number

Head of the Household

Search Notice

Begin Date (MM/DD/YYYY): End Date (MM/DD/YYYY): Search

Notices Mailed

Date Notice Mailed	Notice Description	Mailed To	View
5/14/2020	Notice of Case Action	[redacted]	View

Email Notice Notifications

Read	Date Notice Mailed	Notice Description	Mailed To	View
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Find **Notice of Case Action** and click **"View"**

Print or download the Notice of Case Action. Upload it to your application or email it to the eligibility specialist upon request.

Examples are provided on the following pages.

- Notices of Case Action for SNAP and TANF must be dated within 6 months prior to the date you submit your application.
- Notice of Case Action for Medicaid must be dated within 12 months prior to the date you submit your application.

Notice of Case Action – Cash Assistance (TANF) Approval

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action
State of Florida Department
of Children and Families



December 16, 2019

Case:

Phone:

Head of Household's
Name and Address

Dear

The following is information about your eligibility.

Cash Assistance

Your application for Cash Assistance dated December 13, 2019 is **approved**. You are eligible for the months listed below:

Name

Names of each
individual listed on
the application


Jan, 2020
Ongoing
Eligible

Each member must have an
ELIGIBLE status

Notice of Case Action – Food Assistance Approval

ACCESS CENTRAL MAIL CENTER
P.O. BOX 1770
OCALA FL 34478

Notice of Case Action
State of Florida Department
of Children and Families



January 14, 2021

Case: _____

Phone: (813) 337-4560

Head of Household's
Name and Address

Dear _____

The following is information about your eligibility.

Food Assistance

The following is information about your Food Assistance benefits:

Your Food Assistance benefits will increase as shown below due to a change in your household's circumstances.

Household Size: 4.

Name	Feb, 2021 Thru July 31, 2021
Names of each individual listed on the <u>application</u>	Eligible
	Eligible
	Eligible
	Eligible
Benefit Amount	

Each member must have an **ELIGIBLE** status



Notice of Case Action – Medicaid Approval

Medicaid

Your Medicaid has been reviewed and the members listed below are eligible for continued Medicaid coverage.

Name

Names of each individual listed on the application

Status

- Eligible
- Eligible
- Eligible
- Eligible

Each member must have an **ELIGIBLE** status

To see what information we used when we reviewed your Medicaid case, or to report changes we need to know about, use your on-line My Access Account at <https://dcf-access.dcf.state.fl.us/access/index.do>

