

**NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
STATE/COUNTY SPECIAL ASSISTANCE**

Appointment Follow-up Letter Regarding SA Assistance Request

(County Letterhead)

Date _____ 20__

Dear _____:

This is in regard to your request for State/County Special Assistance for _____.

In order for the request for assistance to become an application, an application form must be signed by the individual requesting assistance or someone acting in his/her behalf. A delay in signing an application may result in the loss or delay of benefits. In addition, to complete an application for State/County Special Assistance, it is a requirement that verification of your income and resources/assets be obtained.

In order to determine your eligibility for State/County Special Assistance, I have scheduled an appointment for you and/or someone acting on your behalf to begin the application for Special Assistance on:

_____ at _____ at _____.
(date) (time) (location)

Below is a list of things to bring to the appointment that will help us to process your application. We may request additional information.

1. Birth certificates or other documents that verifies U.S. citizenship or other records indicating qualified alien status if you are not a U.S. citizen.
2. Proof of State residency information (Shown on 5097 form)
3. If you have worked during the past year, (most current pay records you have).
4. Social Security Number. (SS Number request shown on 5097)
5. If you receive Social Security, SSI, or a pension, any records that show how much you get.
6. All insurance policies
7. Most current available bank statements and account numbers
8. Any deeds to property you own.

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If you cannot meet at the above time and place, please call me at _____
(telephone number)
by _____ to make an appointment for another day.
(date)

If we do not hear from you or someone acting in your behalf within 15 days of the date of this letter, the county department of social services will assume you are no longer interested in applying for State/County Special Assistance.

Sincerely,

Income Maintenance Caseworker

County Case # _____

District # _____