

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

Follow-up Letter Regarding SA Assistance Request

\_\_\_\_\_ County Department of Social Services

Date: \_\_\_\_\_ 20\_\_\_\_

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

Dear \_\_\_\_\_:

This is regarding your application request for State/County Special Assistance for \_\_\_\_\_, received via \_\_\_\_\_ on \_\_\_\_\_.  
(name) (office visit / mail / phone call) (date)

For the request for assistance to *become* an application, an application form must be signed by the individual needing assistance or by their designated, authorized representative. **It is important that you provide your valid, signed application as soon as possible.** A delay in signing an application may result in the loss or delay of benefits. If you are found eligible for Special Assistance, your benefits *cannot begin any earlier* than the month we receive your valid, signed application.

Your application cannot be accepted because: (IMC, check all that apply)

- The application form was not signed by the applicant or a designated, authorized representative. For the application to be validly signed by an authorized representative, **written designation** of the authorized representative must be available at the time of application.<sup>1</sup>
- We need a **written statement** from a medical professional regarding the physical incapacity that renders the applicant unable to sign application documentation.<sup>2</sup>
- We need a **written statement** from a physician, nurse, social worker, or psychologist regarding applicant's alleged incompetence.<sup>3</sup>
- You did not sign the application form.
- We need your complete mailing address.
- To determine your eligibility for State/County Special Assistance, I have scheduled an appointment for you and/or an authorized representative acting on your behalf to begin the application for Special Assistance on:

\_\_\_\_\_ at \_\_\_\_\_ at \_\_\_\_\_.  
(date) (time) (location)

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To complete an application for State/County Special Assistance, it is a requirement that verification of your income and resources/assets be obtained. 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 receive and the frequency of receipt
6. All health, life, and burial insurance policies
7. Most current bank statements and account numbers on all accounts owned by the applicant (including joint ownership)
8. Any deeds to real property you own (including joint ownership)

If you cannot meet at the time and place referenced on the previous page, please call me at \_\_\_\_\_ by \_\_\_\_\_ to make an appointment for another day.  
(telephone number) (date)

**If we do not hear from you or someone acting in your behalf within 15 calendar days of the date of this letter, the county department of social services will make the determination there is no longer an interest in applying for State/County Special Assistance.**

Sincerely,

\_\_\_\_\_  
Income Maintenance Caseworker

<sup>1</sup> An **authorized representative** is an individual who is legally authorized and/or designated in writing by the applicant to act on the applicant's behalf. Authorized representatives include:

- Legal Guardian appointed by Clerk of Superior Court (or DSS with custody or guardianship)
- Power of Attorney
- Spouse (if not separated or divorced)
- Parent (only for children under 21)
- Authorized representative who has been appointed as such by SSA (copy of SSA-L1697-U3, *Notice to Representative Claimant Before the Social Security Administration* needed)
- An individual designated in writing and signed by the applicant giving permission for the designated individual to assist with eligibility issues, and who can have access to the information in the case file

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- 2** Written statement of alleged **incapacity** must be from a medical professional, such as a physician or nurse, who is knowledgeable about the applicant's condition. Written statement must include:
- An explanation of the reasons the applicant is alleged to be physically incapacitated
  - Approximate onset of the applicant's incapacity
  - A brief explanation of the nature of the incapacity, including medical conditions/diagnosis causing it
  - Expected duration of the applicant's incapacity, AND
  - The basis for the knowledge or opinion of the individual providing the explanation of incapacity
  - Written statement and related documentation must not be older than 90 calendar days prior to the application date
- 3** Alleged **incompetence** must be supported by a written statement from a physician, nurse, social worker, or a psychologist. Written statement must include:
- An explanation of the reasons the applicant is alleged to be incompetent
  - The approximate onset of the alleged incompetence
  - The ending date of alleged incompetence, if the person has improved, AND
  - The basis for the knowledge or opinion of the individual alleging the incompetence