

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

Special Assistance Notice of County of Residence Reassignment/Transfer

(County Letterhead)

Date _____ 20__

Dear _____:

Your application for Special Assistance on _____ was taken and approved in _____ County Department of Social Services. (State statutes require that the case must be maintained in the county in which the person last lived in a private residence.)

We have verified that your correct county of residence is _____ County.

The _____ County Department of Social Services will be responsible for your Special Assistance case effective _____. You or someone acting on your behalf must contact the _____ County Department of Social Services to notify them of any changes in your situation that may affect your eligibility for Special Assistance, or if you have any questions regarding Special Assistance.

The office is located at _____. The telephone number is _____.

Sincerely,

Income Maintenance Caseworker
_____ County Dept. of Social Services

Original: Recipient
cc: _____ County Case File