

**NORTH CAROLINA DIVISION OF SOCIAL SERVICES
STATE/COUNTY SPECIAL ASSISTANCE (SA)**

Appointment 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

_____,
(name)

- received via office visit on _____.
(date)
- received via mail on _____.
(date)
- received via phone on _____.
(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, written designation of authorized representative must be available at the time of application.
- 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 get.
6. All insurance policies
7. Most current available bank statements and account numbers
8. Any deeds to property you own.

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 assume you are no longer interested in applying for State/County Special Assistance.

Sincerely,

Income Maintenance Caseworker

NC FAST Case # _____