

**NORTH CAROLINA DIVISION OF SOCIAL SERVICES  
STATE/COUNTY SPECIAL ASSISTANCE PROGRAM**

**Special Assistance Notice of County of Residence Reassignment/Transfer**

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

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 DSS

Original: Beneficiary  
cc: \_\_\_\_\_ County Case File