

Application ID: \_\_\_\_\_  
Date Generated: \_\_\_\_\_  
Case Worker: \_\_\_\_\_  
Case Worker Phone Number: \_\_\_\_\_

County Name: \_\_\_\_\_  
County Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recipient Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

### **WATER ASSISTANCE PROGRAM – NOTICE OF WITHDRAWAL**

Dear \_\_\_\_\_

**Please read both pages of this letter carefully because it is very important to you.**

This letter explains the way you may ask for a hearing to appeal the decision of eligibility made in regard to your application for the Low-Income Household Water Assistance Program (LIHWAP).

This is to notify you that your Low Income Household Water Assistance Program (LIHWAP) application has been withdrawn.

Reason: \_\_\_\_\_

**When to ask for a hearing:** If you disagree with this decision, you may ask for a hearing. If you want a hearing, you must ask for it within sixty (60) calendar days from the date of this letter. The last day on which you may ask for a hearing is

\_\_\_\_\_

**Read your rights** on the back of this form (over).

## **NOTICE OF RIGHTS**

**YOUR RIGHT TO A HEARING:** If you think we're wrong, you have 60 days from the date of this letter to ask for a hearing.

### **HOW TO GET A HEARING:**

If you are not satisfied with this decision, you have the right to a hearing. This hearing will establish whether this action was correct and give you benefits if it was wrong. You can have a hearing before an impartial official of the county department of social services. This hearing will be held within 5 calendar days of your request, unless you postpone it for good reasons, for as much as 10 more calendar days. If you are dissatisfied with this decision, you can have a second hearing before an impartial official of the State Division of Social Services. You must ask the county department of social services, either orally or in writing, to get your hearing.

### **YOUR RIGHT TO BE REPRESENTED:**

You may have someone speak for you at your hearing such as a relative or attorney obtained at your expense. Free legal services may be available in your community. Contact your worker for information or call DHHS Customer Support toll free at 1-866-719-0141. TDD/Voice for the hearing impaired is also available through the Customer Support number.

### **YOUR RIGHT TO SEE YOUR RECORD:**

If you ask, your worker will show you and the person speaking for you your file before your hearings. You may also see any other information to be used at the hearing, if you ask. You can get free copies of this information. You may see this information again at your hearing.

### **DO YOU UNDERSTAND YOUR RIGHTS?**

Do you understand how to get a hearing?

If you have any questions or need further information, please contact your worker as soon as possible.

The General Statutes of North Carolina state that anyone who gets or tries to get assistance for himself or someone else by intentionally saying something that is untrue, or intentionally misrepresenting something as untrue, or intentionally not giving necessary information may be guilty of a misdemeanor or felony.

### **PENALTY FOR FRAUD:**

Fraud is committed when a household knowingly gives incorrect or misleading information so the household will be eligible for energy assistance. The penalty for fraud is a fine or imprisonment and/or requirement to repay this money.

### **CIVIL RIGHTS:**

No person in the United States shall, on the grounds of race, color, national origin, age, sex, disability, handicap, political beliefs, or religion, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this program.