

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Social Services (DSS)

NOTICE OF ADVERSE ACTION

DSS Street Address:

Case Number: _____
Worker: _____
Date Notice Sent: _____

DSS Mailing Address:

Client Name: _____

Address: _____

We've found that your household no longer qualifies for the Food and Nutrition Services you have been receiving. If your benefits ended you may reapply or provide the required information listed below in order to receive benefits.

Your benefits will:

- End on _____.
- Reduce to _____ per month on _____.

This change is being made because: _____

The State regulations supporting this change are found in paragraph(s) _____ of the Food and Nutrition Services Certification Manual, or in _____.

You have a right to a fair hearing of your case if you don't agree with our decision. You can get a fair hearing by letting your local Food and Nutrition Services Office or local agency know you want a hearing. You can contact them either in person, by telephone, or in writing. The hearing may be requested by any member of your household or by your representative. You can be represented at the hearing by a personal representative, including an attorney you obtain. Free legal advice may be available by contacting the main helpline at (866) 219-5262 or visiting the website at legalaidnc.org.

You can continue to receive Food and Nutrition Services at your current rate if you request a hearing by _____.

You can then receive Food and Nutrition Services until your hearing is decided or your eligibility period ends, whichever comes first. If however, the hearing finds that our decision was correct:

- your household will owe us the value of the Food and Nutrition Services you receive or
- disqualification will be imposed following the hearing decision.

You can still request a hearing after this date, but you won't receive Food and Nutrition Services at your current rate.

You have 90 days from the date of this letter, that is, until _____ to ask for a hearing. If you don't ask for a hearing by this date, you can't have one.

To request a hearing, call the Food and Nutrition Services office at: _____ or fill out and return the form below.

If you want to discuss our decision or ask questions about how a fair hearing works, call the Food and Nutrition Services Office.

Sincerely,

Caseworker _____ Telephone Number _____

Name of person requesting hearing _____ Date _____

Address of person requesting hearing _____

Telephone number where you can be reached _____

Use this space to tell us why you want a fair hearing: _____

You must let us know how you want your hearing done (check one box)

- In-Person Hearing at the county DSS office
- Remote Phone Hearing & my phone number for hearing is _____.
- Remote Video Hearing & my e-mail address for hearing is _____.
- I want to continue receiving the amount of Food and Nutrition Services I now receive until the hearing.
- I do not want to continue receiving the amount of Food and Nutrition Services I now receive until the hearing

FOR OFFICE USE ONLY

Case Number _____ Date Notice Sent _____ Date Request Received _____

Able-Bodied Adult Without Dependents (ABAWD) Requirements

The Food and Nutrition Services (FNS) Program, formerly known as Food Stamps, has a work requirement for some adults known as Able-Bodied Adult Without Dependents (ABAWDs). Some adults may only receive FNS for 3 months' time limit, unless they are working or otherwise meeting the ABAWD work requirement.

The FNS work requirements apply to individuals who are:

- Age 16 –59 years of age
- Fit for employment
- Not living in a FNS household with a minor
- Not pregnant
- Not already exempt from FNS work requirements
- Not covered by time limit waiver or eight percent exemption.

What is the time limit?

ABAWD eligibility for FNS is limited to any three months in a 36-month period (considered the three-month time limit) unless the individual meets the ABAWD work requirements

What are the ABAWD work requirements?

ABAWDs can meet the work requirement by:

- Working 20 or more hours a week, averaging 80 hours monthly
- Participating in and complying with the requirements of a work program for 20 or more hours a week
- Participating in and complying with the requirements of a workfare program (North Carolina does not operate workfare program at this time)
- Self-employment regardless of earnings.
- Volunteer work in a public or private organization.
- Work in exchange for goods or services
- Any combination of the above.

What are the exceptions/exemptions from ABAWD work requirements?

ABAWDs are exempt from work requirements in the following situations:

- Under 18 or 65 years of age or over
- Medically certified as physically or mentally unfit for employment
- Responsible for a dependent child under 14 years of age
- Exempt from FNS work requirements
- Pregnant
- An Indian, Urban Indian and California Indian

Regaining Eligibility

ABAWDs who have exhausted the three countable months, may regain eligibility at any time by meeting ABAWD work requirements for 30 consecutive days, meeting an exemption from ABAWD work requirements or when the three-year period expires.

Countable work or work program activities are:

- Volunteering or working in paid employment, including self-employment
- Participating in Workforce Innovation and Opportunity Act (WIOA) services
- Participating in Trade Adjustment Act (TAA) services
- Participating in an allowable FNS Employment and Training (E&T) activity

What happens if an ABAWD who has regained eligibility stops meeting the ABAWD work requirements?

FNS regulations provide that in limited circumstances, ABAWDs can gain an additional three months of eligibility.

This provision:

- Applies only to ABAWDs who regained eligibility but are no longer fulfilling the work requirements
- Provides that ABAWDs may only take advantage of this provision once in a three-year period
- The additional three months must be used consecutively
- If the individual was working, the three consecutive months must start when the participant notifies the agency that he or she is no longer in compliance with ABAWD work requirements
- If the individual was participating in a work program or workfare program, the three consecutive months must start when the agency determines the ABAWD is no longer in compliance