

COUNTY TRANSFER LETTER

Date: _____

Transferring County Name:

Case ID Number: _____

Co. Case Number: _____

Program/Category: _____

Dear _____:

Since you moved to _____ County from _____ County, and plan to remain there on a permanent basis, we will end your assistance in _____ County on _____. You must report any changes in your situation to me prior to this date.

The _____ County Department of Social Services will be responsible for your case effective _____. You will need to contact that office to choose a Community Care of North Carolina/Carolina Access (CCNC) provider for you and your family. Their office is located at:

Their telephone number is _____.

Sincerely,

Income Maintenance Caseworker

Original: Recipient

CC: _____ County
Eligibility Record

MAF-C Job Bonus _____ to _____
MAF-C 12 Month Extended _____ to _____
MAF-C 1 Month (WFFA transfer) _____ to _____
MIC Continuous Eligibility _____ to _____
AAF pymt type 4 (4 mo. transitional) _____ to _____
AAF pymt type 5 (12 mo. transitional) _____ to _____
NCHC _____ to _____
Automatic Newborn _____ to _____