

NOTICE OF EXTENSION HEARING

_____ County Department of Social Services

_____ Date

Dear _____:

On _____ you or your representative requested additional months of Work First benefits for
(Date)
your family. To see if you qualify for any additional months, **an extension hearing has been scheduled**

for _____ at _____.

Date and Time

Location

- You may request information from the case file to help prepare for the extension hearing (this does not include third party confidential information).
- You may choose to attend or not to attend the extension hearing. (Choosing not to attend the extension hearing does not prevent the hearing from being held).
- You may delay the extension hearing one time, more than once if the delays are related to the provision of reasonable accommodations.
- You may have anyone present at the extension hearing, such as legal counsel obtained at your own expense.
- You may present, at the hearing, new information not previously provided to the county department of social services.
- You **must** provide the information needed to determine your current eligibility within ten calendar days of the county's request for information.

Important Notice

Even if additional months of Work First are granted at the extension hearing, you must still meet all of the eligibility requirements for the Work First Program. If you do not meet the eligibility requirements, you will not receive additional months of Work First.

If you have questions or need more information about your extension hearing, please contact your caseworker as soon possible at the telephone number shown below.

_____ Worker's Name

_____ Telephone Number

The North Carolina Division of Social Services does not discriminate against any person on the basis of race, color, national origin, disability, sex, or age in the admission, treatment, or participation in its programs, services and activities, or in employment.