

NOTICE OF HARDSHIP EXEMPTION HEARING

_____ County Department of Social Services

_____ Date

Dear _____:

On _____ you or your representative requested a hardship exemption for your family in order
(Date)
to receive additional months of Work First Family Assistance.

To see if you qualify for a hardship exemption, **a Hardship Exemption hearing has been scheduled**
for _____ at _____.

Date and Time

Location

- You may request information from the case file to help prepare for the hearing (this does not include third party confidential information).
- You may choose to attend or not to attend the hearing. (Choosing not to attend the hearing does not prevent the hearing from being held).
- You may delay the hearing one time, more than once if the delays are related to the provision of reasonable accommodations.
- You may have anyone present at the 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 a hardship exemption is granted at the 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 Hardship Exemption hearing, please contact your caseworker as soon as 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.