

_____ County Social / Human Services Agency

To: NCWorks Career Center

From: _____

Date: _____

Re: Work Registration

The following individual has applied for assistance through the Work First Program.

Please register the individual for work with NCWorks Online.

Individual's Name: _____ SSN: _ _ _ _ (last 4 digits only)

Address: _____

Date of Outcome Plan/Mutual Responsibility Agreement Plan of Action: _____

Comments: (Identify the specific supportive services needed by the participant. Indicate if supportive services are in place or pending arrangement.)

Please don't hesitate to call _____ at _____

if there are any questions.

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Economic and Family Services Section

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.