

**REPORT OF INJURIES TO WORK FIRST PARTICIPANTS IN WORK EXPERIENCE/COMMUNITY SERVICE**

COUNTY NAME: \_\_\_\_\_

Quarterly Reporting Period: \_\_\_\_\_ through \_\_\_\_\_

(ONLY COMPLETE FOR INJURIES DURING THE REPORTING PERIOD)

Name	CS or AW	Individual ID	Accident Date	Participant Report Date	Date Claim Filed	Claim #	Brief Description of Injury

Person Completing Report: \_\_\_\_\_

(Signature)

\_\_\_\_\_

(Position Title)

Date: \_\_\_\_\_

\_\_\_\_\_

(Print name here)

**Mail to:**  
**North Carolina Division of Social Services**  
**Economic and Family Services/ Work First**  
**Hargrove Building/Dix Campus**  
**820 S. Boylan Avenue**  
**2420 Mail Service Center**  
**Raleigh, NC 27699-2420**  
**Or Fax to: 919-334-1266 / ATTN: Work First**

Quarterly Reporting Period	Report Due Date
September – November	December 15
December – February	March 15
March – May	June 15
June - August	September 15