

NORTH CAROLINA
_____ COUNTY DEPARTMENT OF SOCIAL SERVICES

NOTICE OF INCOMPLETE *WORK FIRST FAMILY ASSISTANCE* REPORT

Date _____

(NAME)

(CASE NUMBER)

ADDRESS)

Dear _____:

We have received your *Work First Family Assistance* Report, but it is not complete.

Please complete the items circled in red and return the form no later than _____, which is 10 calendar days from the date of this notice. **If you do not complete and return the report within 10 days, your *Work First Family Assistance* and Medicaid will be stopped.** Rules in the North Carolina *Work First* Manual require that your *Work First Family Assistance* payment stop if you do not return a complete *Work First Family Assistance* report. This is also why your Medicaid may be affected.

If you need help in completing the form or in understanding this notice, please call your caseworker immediately.

Sincerely,

(Caseworker Signature)

(Address)

Telephone Number _____

PLEASE READ YOUR RIGHTS AND RESPONSIBILITIES ON THE BACK OF THIS FORM.

You will get a written notice that your payment has changed or stopped:

- **If you do not return your report on time; or**
- **The information on your report makes your payment go up, go down, or stop.**

HOW TO GET A HEARING: If you think an action on your case is wrong, you have the right to a hearing. This hearing will find out whether this action was correct and give you the correct amount if it was wrong. First, you can have a local hearing before an impartial official of the county department of social services. The hearing will be held within 5 days of your request. The hearing can be postponed, for good reasons, for as much as 10 more days. Then, if you think the decision in the local hearing is wrong, you can have a second hearing. The second hearing is before an impartial official of the Division of Social Services. If you ask for a hearing and you live in certain counties, the second hearing is before a county official. To get your hearing, you must ask the county department of social services, either orally or in writing.

WHEN TO ASK FOR A HEARING: You have sixty (60) calendar days from the date you are informed that your payment has changed or stopped to ask for a hearing. The sixty days can be extended to ninety (90) calendar days if you have good cause for delay.

If you ask for a hearing within 10 workdays of the date of the final notice, your payment will not change until after the local hearing. However, if your hearing shows that the changes were correct, you will have to repay any extra benefits you got while waiting for the hearing and the decision.

YOUR RIGHT TO BE REPRESENTED: You may have someone speak for you at your hearing such as a relative or attorney obtained at your expense. Free legal services may be available in your community. Contact your caseworker for information or call toll-free 1-800-662-7030.

Distribution:

Original - Family
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