

**WORK FIRST/MEDICAID NOTICE OF INQUIRY**

**"Please read this notice carefully because it is very important."**

**GENERAL INFORMATION AND REASON FOR INQUIRY (To be completed by caseworker)**

1. Name of Applicant/Representative: \_\_\_\_\_  
Address of Applicant/Representative: \_\_\_\_\_  
\_\_\_\_\_  
Telephone Number of Applicant/Representative: \_\_\_\_\_

2. Indicate with an "X" the programs and options discussed and referrals made.

<u>Dis'd</u>	<u>Ref'd</u>		<u>Dis'd</u>	<u>Ref'd</u>		<u>Dis'd</u>	<u>Ref'd</u>	
_____	_____	WORK FIRST	_____	_____	MA, Adult	_____	_____	CAP
_____	_____	WORK FIRST-EA	_____	_____	MIC	_____	_____	MAF
_____	_____	SA	_____	_____	MPW	_____	_____	MAD
_____	_____	FS	_____	_____	MQB	_____	_____	CIP
_____	_____	Other						

Service Programs or Other Local Programs (list):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Document in narrative form the reason for the inquiry. This documentation must explain why no application was filed and specify the facts provided by the applicant/recipient supporting the decision not to apply.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caseworker's Signature

**INQUIRY STATEMENT (To be completed by applicant/representative):**

**I understand that I cannot receive benefits without filing an application.**

I decided not to file an application for \_\_\_\_\_ today because:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Representative

**APPEAL RIGHTS:** You have the right to appeal the decision if DSS refuses to take your application or discourages you from applying for assistance. Please read the back of this notice carefully to find out more about your appeal rights.

# APPEAL RIGHTS

## YOUR RIGHT TO HAVE A HEARING

You have the right to ask for a hearing if you believe that DSS refused to take your application or discouraged you from applying for assistance. Discouragement includes situations in which DSS did any of the following:

- (1) Required or suggested that you wait to apply until other benefits (such as Social Security) have been applied for or approved or denied;
- (2) Incorrectly told or suggested to you that you will not qualify for assistance;
- (3) Did not give you correct or complete information about available programs or options;
- (4) Told you to provide or obtain information or documents before filing an application.

## HOW TO ASK FOR A HEARING

You can ask any caseworker or supervisor for a hearing. You can do this in writing or verbally. You can do this through the mail or in person or over the telephone.

## WHEN TO ASK FOR A HEARING

You must ask for a hearing within 60 days from the date that DSS refused to take your application or from the date that you became aware that you were discouraged from filing an application. If you have good cause for not asking for a hearing within 60 days, you still must ask for a hearing within 90 days.

## LOCAL AND STATE HEARINGS

If you ask for a hearing, you will be given a local hearing which will be held within 5 calendar days. The local hearing is held before an impartial DSS official who was not involved in your case before you asked for a hearing.

If you are not satisfied with the local hearing decision, you can have a second hearing. The second hearing is held before an impartial official of the North Carolina Department of Health and Human Services. You must ask for the second hearing within 15 calendar days of the date the local hearing decision is mailed to you.

**IF YOU LIVE IN ONE OF THE FOLLOWING COUNTIES, *Caldwell, Caswell, Davie, Henderson, Iredell, Lenoir, Lincoln, Macon, McDowell, Randolph, Sampson, Surry, or Wilkes*; AND YOU WANT A SECOND HEARING ABOUT WORK FIRST BENEFITS: your second appeal will also be heard by your county, not by the State Division of Social Services.**

## WHAT HAPPENS IF YOU WIN THE HEARING

If you were discouraged from applying, DSS will be required to take your application as of the date you first went to DSS to apply. If the application is approved, you may receive assistance back to that date. You may also receive a penalty payment of up to \$650.00.

## YOUR RIGHT TO BE REPRESENTED

Free legal services may be available. To find out how to contact the Legal Services office nearest you, call CARELINE at 1-800-662-7030 (toll-free).