

WORK FIRST/MEDICAID NOTICE OF WITHDRAWAL

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

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

1. Name of Applicant/Representative: _____
Address of Applicant/Representative: _____
Telephone Number of Applicant/Representative: _____
Type of Contact: _____

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 withdrawal. This documentation must include all options that were discussed as an alternative to withdrawal.
- _____
- _____
- _____
- _____

_____ Date _____ Caseworker's Signature

WITHDRAWAL STATEMENT (To be completed by applicant/representative):

I understand that I cannot receive benefits if I withdraw my application.

I am withdrawing my application for _____ today because:

_____ Date _____ Signature of Applicant/Representative

APPEAL RIGHTS: You have the right to request a hearing if you withdrew your application because DSS gave you incorrect or incomplete information, did not offer assistance to you in getting necessary information to complete your application or encouraged you to withdraw your application.

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You have the right to ask for a hearing if you believe that your application was improperly withdrawn. An application is improperly withdrawn if DSS did any of the following things:

- (1) Encouraged or suggested that you withdraw your application;
- (2) Asked you to provide information that was the county's responsibility to get;
- (3) Did not offer assistance to you in getting the information that was your responsibility to get;
- (4) Did not give you correct or complete information about your eligibility and all **alternatives to withdrawal that were available to you**;
- (5) Did not explain to you other programs or services that may be available.

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 you become aware that DSS gave you incorrect or incomplete information which led you to withdraw your 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 your application was improperly withdrawn, your application will be reopened. If the application is approved, you may receive assistance back to the date you applied. You may also receive a penalty payment of up to \$650.

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).