

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Social Services
ACTION TAKEN ON WAIVER OF ADMINISTRATIVE DISQUALIFICATION HEARING

COUNTY: _____
DATE: _____
CASE NO.: _____
FOOD AND NUTRITION SERVICES: _____
WORK FIRST: _____
(check appropriate programs)

Name:
Address:

You have waived your right to an Administrative Disqualification Hearing.

_____ You will not get Food and Nutrition Services for _____ from _____
length of disqualification month/year
through _____.
month/year

_____ You will not get Work First for _____ from _____
length of disqualification month/year
through _____.
month/year

This waiver does not prevent the State from asking that you pay back in cash the value of any extra benefits your household was not eligible to receive. If you have any questions, please call the County Department of Social Services at _____.

Signature of County Representative

NOTICE TO REMAINING HOUSEHOLD MEMBERS
(complete for Food and Nutrition Services only)

We have reviewed your case to see if you can get Food and Nutrition Services while _____ is not allowed to participate. Here is what we found:

_____ You will receive _____ in Food and Nutrition Services during _____.

_____ Although your certification period is over, you may be eligible. To see if you are eligible please call, write, or visit the County Department of Social Services and ask to file an application.

_____ You are no longer eligible.

If you are not satisfied with the decision, you may ask for a hearing regarding the reduction or termination of your benefits.

Your Income Maintenance Caseworker will notify you regarding the amount of your Work First payment.