

**WORK FIRST PROGRAM**  
**Work First Services for Low Income Families Survey**  
**STATE FISCAL YEAR (SFY) 2017-2018**

1. County Name: \_\_\_\_\_

2. At which Federal Poverty Level (FPL), will your county offer Work First Services for Low Income Families for the state fiscal year shown below?

**SFY 2017-2018:**    150% of the FPL       200% of the FPL

3. Comments (*optional*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Program Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of DSS Director

\_\_\_\_\_  
Date

Submit the survey no later than **May 1, 2017** via one of the following methods:

**Email:** [sharon.d.moore@dhhs.nc.gov](mailto:sharon.d.moore@dhhs.nc.gov)

**Fax:** (919) 334-1265 (Attn: Sharon D. Moore)

**Mail:** NC Division of Social Services  
Economic and Family Services  
Attn: Sharon D. Moore  
2420 Mail Service Center  
Raleigh, NC 27699-2420