North Carolina _____County Department of Social Services

# MEDICAID/WORK FIRST NOTICE OF INQUIRY

## GENERAL INFORMATION AND REASON FOR INQUIRY (Caseworker completes)

1. CASE NAME_____CASE NO._____DATE_____

ADDRESS_____PHONE_____

_____

Worker's Name_____Telephone Number_____

2. Check the programs discussed with the applicant and the referrals made:

| Discussed | Referred | | Discussed | Referred | |
|---|---|---|---|---|---|
| ☐ | ☐ | WFFA | ☐ | ☐ | MA, Adult |
| ☐ | ☐ | WFFA-EA | ☐ | ☐ | MIC |
| ☐ | ☐ | SA | ☐ | ☐ | MPW |
| ☐ | ☐ | FS | ☐ | ☐ | MQB |
| ☐ | ☐ | CIP | ☐ | ☐ | MAD |
| ☐ | ☐ | MAF | ☐ | ☐ | CAP |
| | | | ☐ | ☐ | MAF Family Planning |
| ☐ | ☐ | OTHER: _____ | | | |

_____

_____

3. Document the reason for the inquiry. Explain why no application was filed. Specify the facts provided by the applicant supporting the decision not to apply.

_____

_____

_____

_____

_____

## INQUIRY STATEMENT (Applicant Completes)

1. I understand I cannot receive benefits without filing an application.
2. I decided not to file an application for _____because:
   Program

_____

_____

_____

_____ _____
Applicant's Signature Date

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

## YOU HAVE THE RIGHT TO 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 things:

1. Suggested or required that you wait to apply until other benefits (such as Social Security) have been applied for or approved or denied, or until written verification of the application for those benefits has been obtained;
2. Suggested that you make an appointment to apply for benefits;
3. Suggested you complete a mail-in application rather than completing a face-to-face interview when you came to the agency;
4. Did not explain how the date of application is determined when you came to the agency and requested and application from the receptionist to mail to DSS;
5. Did not explain available Medicaid programs if you requested Work First Employment Services, including direct financial services such as car repairs or indirect financial services such as help preparing a resume;
6. Incorrectly told or suggested to you that you will not qualify for assistance;
7. Did not give you correct or complete information about available programs or options.

## 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 not to file an application. If you have good cause for not asking for a hearing within 60 days, you must still 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 ask for a hearing on Work First and you live in an electing county, the second hearing is before a county official.

## WHAT HAPPENS IF YOU WIN THE HEARING

Your application will be opened. If the application is approved, you may receive assistance back to the date you inquired.

## YOUR RIGHT TO BE REPRESENTED

Free legal services may be available. Contact the Legal Services office at 1-877-694-2464 or call CARE-LINE, Information and Referral Service, toll free at 1-800-662-7030. In the Triangle area, call 919-855-4400. Hearing impaired callers may call either of the above numbers or the TTY dedicated line at 877-452-2514 or in the Triangle area at 919-733-4851 or toll free 877-452-2514. CARE-LINE is available Monday through Friday 8 a.m. to 5 p.m. except state holidays. A bilingual information and referral specialist is available for Spanish-speaking callers.