

NOTICE OF DECISION ON EXTENSION REQUEST

County Name _____

Case ID: _____

On _____ the _____ County Board of Social Services, or its designee,
(Date)
heard your appeal for an extension of your 24-month time limit for benefits under the Work First Program.

You request for extended benefits is _____.
(Approved/Denied)

The reason for this action is: _____

The state regulations requiring this action are found in Section 105 of the Work First Manual.

APPEALS If you are not satisfied with this decision, you have a right to request a hearing. This hearing will establish whether this action was correct and give you benefits if it is wrong. You can have a hearing before an impartial official of the State Division of Social Services. You must ask the county department of social services, either orally or in writing, to get your hearing. **You must request this hearing within 15 days** of the date of this notice.

YOUR RIGHT TO BE REPRESENTED You may have someone speak for you at your hearings such as a relative or an attorney obtained at your expense. Free legal services may be available in your community. Contact your worker for information or call DHHS Customer Service Center, toll free, at 1-800-662-7030.

YOUR RIGHT TO SEE YOUR RECORD If you ask, your worker will show you and the person speaking for you your eligibility record before your hearings. You may also see any other information to be used at the hearings, if you ask. You can get free copies of this information. You may see this information again at your hearings.

DO YOU UNDERSTAND YOUR RIGHTS? Do you understand how to get a hearing? Do you understand how to keep receiving your benefits until your first hearing is decided? If you have any questions or need further information, please contact your worker as soon as possible.

BEWARE OF FRAUD! REPORT CHANGES WITHIN 10 DAYS You must report all changes to your county department of social services within 10 days. The General Statutes of North Carolina state that anyone who gets or tries to get assistance for himself or someone else by intentionally saying something that is untrue, or intentionally misrepresenting something as untrue, or intentionally not giving necessary information may be guilty of a misdemeanor or felony. **Be Careful!** If you do not know whether a change is important, ask your worker.

The North Carolina Division of Social Services does not discriminate against any person on the basis of race, color, national origin, disability, sex, or age in the admission, treatment, or participation in its programs, services and activities, or in employment

NOTICE TO WORK FIRST CLIENTS WHOSE BENEFITS HAVE STOPPED You will continue to receive child support services for the first five (5) months after your *Work First* payment has stopped. After the five (5) month period, you can choose the services you want. If you choose to stop services at the end of the five (5) month period but later reapply for services within thirty (30) days, you will not be charged an application fee. Contact your county department of social services for the telephone number of the Child Support Enforcement office.

Caseworker's Signature

Date

Telephone Number