

EXTENSION HEARING REQUEST

_____ County Department of Social Services

Date of Request: _____ Request made by (circle one): Mail Telephone Office Visit

Name of person requesting extension hearing: _____

Name of person(s) for whom extension hearing is requested:

_____ Individual ID # _____

_____ Individual ID # _____

Address where individual is currently living: (must be requested in county in which they live)

_____ Phone: _____

_____ County: _____

Reason for request:

Date of Extension Hearing: _____

(If appropriate, complete the DSS- 8228 or comparable tool to determine eligibility.)

Decision: Approved/Denied Length of Extension: _____ Months

Reason for Approval/Denial:

Signature of Rep. of DSS Board or Designee

Date

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