

NORTH CAROLINA

_____ County Department of Social Services

**ENERGY PROGRAMS
NOTICE OF APPROVAL/DENIAL**

_____ Date _____
Case Number _____
Application Number _____

Dear _____:

Please read both pages of this letter carefully, because it is very important to you.

Among other things, it explains the way you may ask for a hearing to appeal the decision of eligibility made in regards to your application for the _____ Program.

- () **This is to notify you that your application has been approved for the amount of \$_____.** Payment will be made directly to _____.
- () **The source of money used to approve your application is _____.**
- () **This is to notify you that your application has been denied for the following reason:**

_____.

The State regulations used to make this decision are found in Section(s) _____ of the Energy Manual which says: _____

_____.

_____ (Signature of Case Worker)	_____ (County Office Address)
_____ (Telephone Number)	_____ (City, State, Zip Code)

WHEN TO ASK FOR A HEARING: You have (60) days from the date of this letter, that is, until _____ to ask for a hearing.

PLEASE READ YOUR RIGHTS (OVER)

NOTICE OF RIGHTS

YOUR RIGHT TO A HEARING: If you think we're wrong, you have 60 days from the date of this letter to ask for a hearing.

HOW TO GET A HEARING:

If you are not satisfied with this decision, you have the right to a hearing. This hearing will establish whether this action was correct and give you benefits if it was wrong. You can have a hearing before an impartial official of the county department of social services. This hearing will be held within 5 calendar days of your request, unless you postpone it for good reasons, for as much as 10 more calendar days. If you are dissatisfied with this decision, you can have a second 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.

YOUR RIGHT TO BE REPRESENTED:

You may have someone speak for you at your hearing such as a relative or attorney obtained at your expense. Free legal services may be available in your community. Contact your worker for information, or call DHHS Customer Support toll free at 1-800-662-7030. TDD/Voice for the hearing impaired is also available through the Customer Support number.

YOUR RIGHT TO SEE YOUR RECORD:

If you ask, your worker will show you and the person speaking for you your file before your hearings. You may also see any other information to be used at the hearing, if you ask. You can get free copies of this information. You may see this information again at your hearing.

DO YOU UNDERSTAND YOUR RIGHTS?

Do you understand how to get a hearing?

If you have any questions or need further information, please contact your worker as soon as possible.

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.

PENALTY FOR FRAUD:

Fraud is committed when a household knowingly gives incorrect or misleading information so the household will be eligible for energy assistance. The penalty for fraud is a fine or imprisonment and/or requirement to repay this money.

CIVIL RIGHTS:

No person in the United States shall, on the grounds of race, color, national origin, age, sex, disability, handicap, political beliefs, or religion, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under this program.