Benefit Diversion Agreement

_____County Department of Social Services

Case Number: _____
Date: _____

I, _____ agree that:

- Benefit Diversion will relieve my family's **current, temporary situation**, which does not require long-term assistance, and will meet my family's **specific episode of need** at this time.
- Benefit Diversion will help my family become/remain employed, or return to employment.
- My family requests Benefit Diversion voluntarily to meet our immediate needs instead of receiving an ongoing monthly payment from Work First Family Assistance.
- My rights and responsibilities were explained and given to me during my interview. I understand the information presented. All my questions were answered.
- I chose Benefit Diversion instead of a monthly payment because_____
  _____.

  Caretaker's Signature: _____Date: _____

NOTICE OF BENEFITS

- **Specific family crisis or episode of need to be met by Benefit Diversion:**
  _____
  _____
- **You will receive a one-time payment in the amount of $_____.**
- Your family __ will or __ will not receive retroactive Medicaid for the months of _____ through _____.
- Your family will receive Medicaid for the months of _____ through _____. We have scheduled your interview for _____.
- Your family may also qualify for Medicaid. Your family's eligibility for Medicaid depends on your financial circumstances at the end of the months stated. If there is a change in your family's earned income, you must return verification of the changed income to your caseworker by _____. This is so your family can be evaluated for other Medicaid programs.
- Any information given during the evaluation for Benefit Diversion will be used as a part of your application for Medicaid such as social security numbers, citizenship, identity and immigration status.
- Your family may also qualify for other services, such as Food and Nutrition Services, emergency and energy assistance. You must file a separate application for some of these benefits.

NOTICE OF DENIAL OF BENEFIT DIVERSION

____ Your application for Benefit Diversion has been **denied** effective this date for the following reason.

_____

_____

YOUR RIGHTS TO A HEARING: If you think we're wrong, you have until _____, which is 60 days from the date of this notice, to ask for a hearing.

_____	_____	_____
Interviewer's Signature	**Telephone Number**	**Date**

HEARING RIGHTS

HOW TO GET A HEARING: A hearing will find out whether this action was correct and give you the correct assistance if it was wrong. First, you can have a local hearing before an impartial official of the county department of social services. The hearing will be held within 5 days of your request. The hearing can be postponed, for good reasons, for as much as 10 more days. Then, if you think the decision in the local hearing is wrong, you can have a second hearing. The second hearing is before an impartial official of the Division of Social Services. To get your hearing, you must ask the county department of social services, either orally or in writing.

IF YOU LIVE IN CERTAIN COUNTIES AND WANT A SECOND HEARING,

Your second appeal will also be heard by your county, not by the State Division of Social Services.

WHEN TO ASK FOR A HEARING: You have until _____, which is sixty (60) days from the date you are notified that Benefit Diversion is approved or denied to ask for a hearing. The sixty days can be extended to ninety (90) calendar days if you have good cause for delay. If you do not ask for a hearing by then, you cannot have a 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 caseworker for information or call DHHS Customer Support, toll-free, at 1-800-662-7030. TDD/Voice for the hearing impaired is also available through this number.

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

STATE RULES USED TO MAKE THIS DECISION: The State rules used to make decisions on Benefit Diversion are found in the Work First Manual.

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.