North Carolina Rights and Responsibilities for Public Assistance

Section 1: Applicant Rights and Responsibilities
If you are applying for or receiving assistance in North Carolina, you have the following rights and responsibilities.

Your Rights:
- Apply for and, if eligible, receive assistance. If your application is denied or withdrawn, reapply at any time. If the Subsidized Child Care Assistance Program in your county does not have funding available, you may be given an option to be placed on the waiting list.
- Have all information you provide to the agency kept in confidence and remain private unless required by law. Be advised that information provided to this agency may be stored in a computer database.
- Have an interpreter or translator services at no cost to you when communicating with the agency.
- Get help in completing an application and/or help getting the information needed to determine eligibility.
- Apply for assistance for new or additional household members at any time.
- Withdraw an Application or Request Termination of ongoing benefits at any time. Receive written notice of any information needed to determine your eligibility and the outcome of your application or any changes in your benefits.
- Receive your assistance until notice of termination has expired or until it is withheld by appropriate action.
- Be advised that racial and ethnic data is obtained on participating household members. This information is voluntary. Neither your eligibility nor benefit/assistance amount will be affected if you choose not to provide it.
- Be protected by law against discrimination based on race, color, national origin, sex, religion, age, disability or political affiliation. This agency follows the standards set by Title VI of the Civil Rights Act.
- For the purposes of FNS: Benefits or level of benefits are not affected if ethnicity or race is not answered. When the information is not provided the agency will collect the information by observation during the interview. Giving this information will help ensure program benefits are distributed without regard to race, color or national origin (this information is used for statistical purposes only).
- Do not need a permanent address as long as you plan to stay in North Carolina. For Subsidized Child Care Assistance and FNS, you must reside in the county in which you apply.
- Ask questions regarding program rules and requirements.
- Ask for a hearing from the county department of social services and the state Division of Social Services. Hearing requirements may be different for each program. Refer to Section 3: Hearing Rights.
- Register to vote in North Carolina. If you want to register to vote or to update your registration, you can complete a voter registration form at www.ncsbe.gov/nvra/01, ask your caseworker or contact your local DSS for a voter registration form, and if you need help, ask for help to complete the form. **Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.** If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the North Carolina State Board of Elections, PO Box 27255, Raleigh NC 27611-7255, or you may call the toll free number, 1-866-522-4723.

Your Responsibilities:
- Provide all information requested and certify that all information provided concerning your situation and all persons for whom you are applying or receiving benefits for is true and complete.
- Report timely to the county department of social services if you receive incorrect benefits or assistance.
• Report changes in your situation timely to the county department of social services as required by program policy. If you are unsure if you need to report something or not, call your caseworker. Reporting requirements may be different for each program. Refer to Section 4: Program Rights and Responsibilities.

• Provide the county department of social services or the local purchasing agency, state and federal officials, upon request, information needed to determine eligibility.

• Cooperate with local, state and federal personnel in Quality Control reviews.

• Understand that any Medical ID card, Electronic Benefits Transfer (EBT) card, or Child Care Voucher received is to be used only for the person(s) listed on the card/voucher. It is against the law to give your Medical ID, EBT card, or Child Care Voucher to someone else and you could be prosecuted for fraud.

• Apply for all benefits to which you may be entitled (such as Unemployment Benefits, Social Security benefits, Veteran’s benefits, etc.) including receiving the maximum benefit for which you are eligible, when applying for or receiving Medical Assistance, Cash Assistance, or Special Assistance.

• Report any child or spousal support paid directly to you. This information must be reported and will be counted as income, for some programs, in determining your eligibility.

Section 2: Information You Need To Know

Fraud
• Under North Carolina law, persons must provide all information needed to decide if they can receive benefits/assistance.

• If you knowingly provide false information or withhold information, you can be lawfully punished for fraud.

• You may be asked to repay the benefits/assistance that was paid incorrectly.

• If anyone is convicted of giving false information regarding their residence, in order to receive Work First or Food and Nutrition Services benefits in more than one place, they will be ineligible to receive these benefits for 10 years.

Identity/Citizenship
• You must tell us about and provide documents, if required by program policy, for the citizenship and immigration status of all persons in your household applying for, or receiving, benefits/assistance to determine eligibility. Signing this form states, under penalty of perjury, you have told the truth of the information on the application, including the information concerning citizenship and alien status for all the members applying for benefits/assistance. Non-applicant household members are not required to provide immigrant or citizenship status. This means if you are not applying for someone in your home you are not required to give us their immigrant or citizenship status. For Subsidized Child Care Assistance, if citizenship is questionable, you will be required to provide verification of your current status.

• You must be a United States Citizen or qualified immigrant/eligible alien to receive benefits/assistance. Exceptions may apply to Medical Assistance in emergency situations and to Subsidized Child Care Assistance for Child Protective Services and Foster Care.

• Information given to use in verifying your immigration status will be used in matching information with a web-based service called the Systematic Alien Verification for Entitlements (SAVE). If additional information is required, we may check with the United States Citizenship and Immigration Services (USCIS).

Child Support/Assignment of Rights
• As a condition of eligibility for some benefit programs the law requires a caretaker of a child receiving public assistance to cooperate with the Social Services and Child Support Enforcement agencies to establish a support case. Medicaid does not require a caretaker to cooperate with Child Support Enforcement unless he is applying/receiving for him/herself. Subsidized Child Care Assistance does not require that you cooperate with Child Support Enforcement.
• The medical or child support paid to Child Support Enforcement is used to repay the Work First Family Assistance or Medicaid benefits you receive for your child (ren).

• You may claim good cause for not cooperating. Please notify your caseworker if you think you have good cause.

• I understand this assignment of rights continues for as long as anyone I am applying for receives Work First or Medicaid.

Social Security Numbers

• Non-applicant household members are not required to provide a social security number. You must tell the county department of social services all the social security numbers used by all applicants. Subsidized Child Care Assistance does not require you to provide a Social Security Number(s).

• These numbers will be matched electronically with other government agency records (but not the Bureau of Citizenship and Immigration Services) to verify information. This includes the Social Security Administration, Internal Revenue Service, the Division of Employment Security, out-of-state welfare agencies and any other necessary agencies to verify information needed to determine eligibility. You have the right to request your application be withdrawn or denied, or request assistance be terminated if you do not want this done.

• Providing a Social Security Number is required by the Food and Nutrition Act of 2008 for applicants seeking benefits.

• Persons applying for Emergency Medicaid services only are not required to provide a social security number.

• The caseworker can help if assistance is needed in obtaining a social security number.

Estate Recovery (Medical Assistance Only)

• Federal and State laws require the Division of Medical Assistance (DMA) to file a claim against the estate of certain individuals to recover the amount paid by the Medicaid program during the time the individual received assistance with certain medical services. Ask your caseworker for specific information regarding which services are applicable to estate recovery.

Medical Assistance/Assignment of Rights (Medical Assistance Only)

• North Carolina must be named remainder beneficiary for annuities purchased after November 1, 2007.

• Understand that by accepting medical assistance for yourself or other members of your household, you agree to give back to the State any and all money that is received from any insurance company for payment of medical and/or hospital bills for which the medical assistance program has or will make payment.

Reviews

• A review of eligibility may be completed periodically depending on the type of assistance you are receiving.

• If you get a notice of review or a report, you must fill out, sign and return all forms and requested verifications to the county department of social services by the deadline date printed on the form as instructed. Assistance could terminate or be delayed if review or report is not completed and returned timely.

• If you are required to have an interview and fail to do so it will result in a delay or denial of assistance. For Child Care services, failure to complete a requested interview will result in termination of Child Care services. You are responsible for rescheduling a missed interview and for providing required verification information.
Section 3: Hearing Rights

Your Rights to a Hearing:

- You have the right to a hearing if you were denied or discouraged from applying for benefits. For Subsidized Child Care Assistance, you cannot request a hearing if the county where you reside has no available funds.
- You have the right to a hearing if you disagree with the decision made on your Medicaid, Food and Nutrition Services case.
- You have the right to request a hearing if your application is denied or your case is terminated, your benefit is changed or your case is not acted upon timely. Program requirements are listed in Section 4: Program Rights and Responsibilities.
- For WFFA, Subsidized Child Care Assistance, Medical and Special Assistance, the standard time to request a hearing is 60 days from the date of your notice. For Food and Nutrition Services the standard time to request a hearing is 90 days from the date of your notice.
- You can request a hearing in person, by telephone or in writing. Contact your caseworker to ask for a hearing. When required by policy a local hearing will be held within 5 days of your request unless you ask for it to be postponed. The hearing can be postponed, for good reasons, for as much as 10 calendar days. If you think the decisions from the local hearing officer is wrong, call or write your caseworker WITHIN 15 DAYS to ask for a second hearing. The second hearing is before a state hearing official.
- If you ask for a hearing for FNS, a local conference is optional and not required.
- If you ask for a hearing for Work First and you live within certain counties, the second hearing is before a county official.
- For Subsidized Child Care Assistance, State and Local hearings can only be requested at the county level.
- If you are requesting a hearing about disability, there is no local hearing. A state hearing officer holds the disability hearing.
- You may have someone speak for you at your hearing, such as a relative or a paralegal or attorney obtained at your expense. Free legal services may be available in your community. Contact your nearest Legal Aid or Legal Services office or call 1-866-219-5262 toll free.
- You (or the person speaking for you) can view your record at any time, except for third-party information. If you ask, you may also see additional information to be used at the hearing.
- If you have additional questions or concerns, contact your caseworker for information, or call DHHS Customer Service Center toll free at 1-800-662-7030. TDD/Voice for the hearing impaired is also available through the DHHS Customer Service Center number. The DHHS Customer Service Center is available Monday through Friday 8 a.m. to 5 p.m. except for state holidays. A bilingual information and referral specialist is available to translate for persons with limited English proficiency.

Section 4: Program Rights and Responsibilities

Subsidized Child Care Assistance

- The time standard for completing and processing a Subsidized Child Care Assistance application is 30 calendar days from the date of the application.
Your Rights:
- Receive a redetermination notice at least 30 days prior to the end of your current Subsidized Child Care Assistance certification period.

Your Responsibilities:
- Report changes to your child care worker within five (5) workdays of when changes occur such as:
  - Change of address and telephone number.
  - Change in members of my household.
  - Child receiving child care services moves out of the home.
  - Increase or decrease in income from job, child support, or other sources.
  - Loss of current employment.
  - Change in the number of hours child care is needed.
  - Household assets or resources exceed $1 million dollars.
- Report absences to your child care worker when your child(ren) is/are absent from the child care arrangement more than five (5) days during a month or if your child will no longer be enrolled at the center or home.
- Pay the parental fees determined by your child care worker to your child’s provider. Failure to pay these fees regularly and on time can result in termination of child care services. You will not be eligible for child care services until the parental fees are paid. Also, you should request a receipt from the provider each time you pay child care fees.
- Respond to all contact from the county DSS or local purchasing agency (LPA) regarding your continued eligibility within the requested time frame. Failure to respond may result in the termination of services. If your child care services are terminated and you continue to need help paying for child care, you must request that your name be added to the child care waiting list if one exists.
- Provide the required information so that eligibility for Subsidized Child Care Assistance can be determined. If written information is not available, signing this form gives permission to the worker to verify the information, such as income, by telephone or through other documents on file in the county department of social services (DSS) or other agencies.
- If you make a false statement or representation regarding a material fact with the intent to deceive, or fail to disclose a material fact, and as a result obtain, attempt to obtain, or continue to receive child care subsidy, then you may be found guilty of the offense of fraudulent misrepresentation per North Carolina General Statute 110-107. Subsidy fraud is a crime in the State of North Carolina. Anyone who intentionally makes a false statement or withholds information in order to receive child care subsidy money can be criminally prosecuted and even receive jail time under North Carolina Law.
- If you have a first incidence of fraudulent misrepresentation, you are ineligible to receive Child Care services in any county until you either repay the overpayment in full, or make a request for and enter into, a repayment agreement with the LPA.
- If you have a second incident of fraudulent misrepresentation, you will be ineligible to receive Subsidized Child Care Assistance for three (3) months in any county. You will also be required to repay the overpayment in full, or make a request for and enter into, a repayment agreement with the LPA.
- If you enter into a repayment agreement and fail to comply with the terms of the agreement, your eligibility to participate in the subsidized child care program shall cease until repayment is
made in full or the recipient or provider and the local purchasing agency agree to modify the repayment agreement.

- If you have a third incident of fraudulent misrepresentation, you will be ineligible to receive Subsidized Child Care services permanently in any county and be required to repay the overpayment in full, or make a request for and enter into, a repayment agreement with the LPA.
- Any incident of fraudulent misrepresentation, that has an amount of $10,000 or more, will result in permanent ineligibility for Subsidized Child Care services in any county.
- If you are convicted of fraudulent misrepresentation by a court of competent jurisdiction, you will be permanently ineligible for Subsidized Child Care services in any county.

**Work First Family Assistance**

- The time standard for completing and processing a Cash Assistance application is 45 calendar days from the date of application. Exceptions to this 45-day time standard may apply; your caseworker will explain if applicable.
- North Carolina General Statute 108A-29.1, requires substance use screening and testing for the illegal use of controlled substances, if there is reasonable suspicion, for each Work First Program applicant or recipient as a condition of eligibility to receive assistance.

**Your Rights:**

- Request a screening at any time to identify potential disabilities or other barriers that may impact program participation.
- You have the right for the eligible household members to receive cash assistance if you are disqualified or sanctioned, due to a confirmed positive substance use test and/or failure to be screened or tested for substance use.

**Your Responsibilities:**

- Help the caseworker develop your Mutual Responsibility Agreement (MRA)/Outcome Plan and carry out the agreed-upon actions.
- Use your benefit amount in the best interest of your family. If you do not use it correctly, another person may be appointed to receive the benefit on your behalf and use it for you and your family.
- You can not use or access the cash benefits on your EBT card in any casino or gambling establishment, liquor store or any establishment that provides adult oriented entertainment.
- If you quit or lose a job without good cause, the family will be ineligible for Work First Family Assistance for a period of three months.
- Report changes in your situation within 10 calendar days from the date of the change. **Note:** Temporary absence of a child expected to be away more than 90 days must be reported within 5 days of the change. If you do not report a temporary absence your benefit will be reduced or terminated, as the child is no longer eligible to receive Cash Assistance unless there is a good cause for the absence.
- If you get Cash Assistance, you may need to complete a report of your household’s income and situation every 3 months. If you get this report, you must fill it out and return it to the county department of social services by the deadline date printed on the form. If you get the report and fail to complete and return it, your benefits could stop.
- If anyone in your home is found guilty of an Intentional Program Violation for giving false information, they could be disqualified from receiving benefits, fined and/or placed in jail.
• Disqualification periods are:
   12 months for the first violation
   24 months for the second violation
   Permanently for the third violation

Medical Assistance
• The time standard for completing and processing a Medical Assistance application is 45 calendar days from the date of application. Exceptions to this 45-day time standard may apply; your caseworker will explain if applicable.

Your Rights:
• Apply for retroactive Medicaid for up to 3 months prior to the date of your application.
• Request Medicaid transportation to your primary care physician or other medical appointments if receiving certain Medicaid coverage.
• Apply for a deceased individual.

Your Responsibilities:
• Report changes in your situation within 10 calendar days from the date of the change.
• Report if you or a household member receiving Medical Assistance is in an accident.
• Provide third-party insurance information if applicable.
• Understand that any medical or financial records must be made available to the agency and the state by any provider from whom you and/or your children have received medical care services. You agree to the release of those records by those providers when requested by the agency and the state. The privacy of this information is protected by law.
• Understand you are giving the State of North Carolina permission to collect payments and share information with insurance companies or anyone else who is supposed to pay for your medical bills.
• Request medical transportation as far in advance of your appointments as possible.
• Understand if any resources are transferred out of the applicant’s name without receiving fair market value for the resources, it could result in a period of ineligibility for long-term medical care, such as in a nursing facility, or for in-home care. All transfer of resources must be reported when making this application and any new transfers must be reported to the caseworker within 10 calendar days.

Special Assistance
• The application processing time standard for Special Assistance is 45 days for individuals age 65 or older and 60 days for applicants who are under age 65.

Your Rights:
• If approved for Special Assistance, you have the right to spend the Special Assistance benefit as needed when it is considered to be in your best interest of your health and safety. A substitute payee may be appointed for those individuals who cannot manage the payment. If you are receiving payment because you reside in an adult care home “best interest” means paying for your adult care home. If you are receiving Special Assistance In-Home, “best interest” is to use the payment for purposes related to your health and safety.

Your Responsibilities:
• Report changes to your caseworker within 5 calendar days following the change in situation.
Refugee Assistance

- The time standard for completing and processing a Refugee Assistance application is 30 calendar days from the date of application. Exceptions to this 30-day time standard may apply; your caseworker will explain if applicable.

Your Rights:

- Receive a written description of your rights as a client of the Refugee Service provider and the provider’s obligations to you.
- Receive a written summary of rules, expectations and other factors for the use of services, hours the services are available, termination of services and how to register complaints, grievances or appeals.

Your Responsibilities:

- Participate in the development of and follow your Employability Plan and Family Self Sufficiency Plan.
- Report changes in your situation within 10 calendar days of when the change is known.

Food and Nutrition Services

- The time standard for completing and processing a Food and Nutrition Services application is 30 calendar days from the date of the application. Applications meeting the expedited services criteria should be processed within 7 calendar days from the date of the application. If you are applying for FNS and SSI at the same time from an institution the filing date is the date of release from the institution.

Your Rights:

- Receive a discount on your telephone bill in certain situations. Contact your phone company for more information.
- Receive benefits in a timely manner.
- Receive a change report form telling what changes you are required to report.

Your Responsibilities:

- Use the Food and Nutrition Services to buy only food items for home consumption. Improper use of the Food and Nutrition benefits could result into fines of up to $250,000, imprisonment up to 20 years and/or being permanently disqualified from receiving Food and Nutrition benefits. You may also be ineligible for Food and Nutrition Services for an additional 18 months if court ordered.
- Do not trade or sell Food and Nutrition benefits.
- Do not use your Food and Nutrition benefits for someone else.
- Do not use your Food and Nutrition benefits to pay on any kind of credit account or to pay for food purchased on credit you will lose your benefits.
- If you use your food assistance benefits to buy nonfood items, such as alcohol, and cigarettes you will lose your benefits.
- Don't use someone else’s Food and Nutrition Services for yourself.
- DO cooperate with state and federal personnel in a Quality Control review.
- If you lie or give wrong information knowingly may also mean we may reduce your benefits, or you may have to repay benefits, or may be subject to criminal prosecution or not able to get benefits for twenty-four months.
• If a court finds you guilty of trading Food and Nutrition Services for controlled substances, you will lose Food and Nutrition Services for two years the first time.

• If a court finds you guilty of buying, selling, or trading benefits $500 more than, trading benefits for firearms, drug trafficking, ammunition, or explosives after August 22, 1996 you may lose Food and Nutrition Services forever.

• If a court finds you guilty of trading Food and Nutrition Services for controlled substances, you will lose Food and Nutrition Services for forever the second time.

Section 5: Program Statements of Non-Discrimination
Food and Nutrition Services

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

Fax: (202) 690-7442; or

Email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.
Work First Family Assistance and Medical Assistance
The Work First Program does not discriminate against any persons on the basis of race, color, national
origin, religion, disability, sex or age in the admission, treatment or participation in its programs,
services and activities or in employment.
If you wish to file a complaint of discrimination you may contact the agency listed below.
Director of Office for Civil Rights
U.S. Department of Health and Human Services,
200 Independence Avenue, S.W. Room 509F HHH Bldg.
Washington, D.C. 20201
(202) 619-0403 (voice) or (202) 619-3257 (TTY)
ocrcomplaint@hhs.gov

Section 6: Acknowledgment of Rights and Responsibilities
I understand my rights and responsibilities as explained in the previous sections.
Applicant Signature: ___________________ Date: ________________
Representative: ___________________________ Date: ________________
Caseworker: _____________________________ Date: ________________
NCFAST-20009 (Rev. 3/17) Economic and Family Services