

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Social Services
ACTION TAKEN ON YOUR ADMINISTRATIVE DISQUALIFICATION HEARING

County: _____

Date: _____

FS Case Number: _____

WF Case Number: _____

Program Food Stamps _____

Work First _____

(check appropriate programs)

The hearing conducted on _____ found that you committed an Intentional Program Violation. If you were not present at the hearing, you have 10 days to provide good cause for failure to appear.

You have two choices:

1. If you are satisfied with the decision and do not want a new hearing, you will not receive Work First ____ for the months of _____ through _____, you will not receive Food Stamps _____ for the months of _____ through _____.
2. If you are not satisfied with the decision, you can ask for a new hearing at a higher level by calling the County Department of Social Services or by signing your name below and returning this form to the County Department of Social Services. If you ask for a new hearing within 15 calendar days after you receive this notice, you will continue to receive Food Stamps _____ Work First _____ until the new hearing if you are eligible. (Be sure to include weekends and holidays when counting the 15 days).

_____ Yes, I want a new hearing.

(Sign your name here)

If you have any questions, please call the County Department of Social Services at _____.

Signature of County Representative

NOTICE TO REMAINING HOUSEHOLD MEMBERS
(complete for Food Stamps only)

We've reviewed your case to see if you can get Food Stamps _____ while _____ is not allowed to participate. Here's what we've found:

_____ You will receive _____ in Food Stamps during the months _____

_____ Although your certification is over, you may be eligible. To see if you are eligible, please call, write, or visit the County Department of Social Services and ask to file an application.

_____ You are no longer eligible.

If you are not satisfied with the decision, you may ask for a hearing.
Your caseworker will notify you of the amount of your Work First payment.