

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Division of Social Services
NOTICE OF ELIGIBILITY, DENIAL OR PENDING STATUS

DSS Street Address:

Case Number: _____
 Worker: _____
 Date Notice Sent: _____

DSS Mailing Address:

Client Name: _____

Address: _____

We're writing to tell you about the action we've taken on your Food and Nutrition Services case. If you have been approved to receive Public Assistance and/or SSI benefits or benefits from a State or local General Assistance program let your local agency know.

We've explained our action next to the box(es) marked.

- You'll receive Food and Nutrition Services during the month(s) of _____ to _____. Your monthly benefit amount is \$_____.
- The first month you'll receive \$_____ which covers the month(s) of _____. After the first month you'll receive \$_____ which covers the month(s) of _____ to _____. After the second month, you'll receive \$_____ which covers the month(s) of _____ to _____.
- Because you need Food and Nutrition Services right away, we postponed asking you to give us certain information item(s) listed are needed to complete your
 Application Recertification _____
- Benefits will not be issued past the first month if you applied between the 1st and 15th or the first and second month if you applied after the 15th unless you provide the information, we asked for in the space above. If the information results in a change in your eligibility or benefit amount, we will act on those changes without giving you advance notice. If you do not provide the information, we asked for by _____ this date _____ we will close your case without further notice.
- Your application for Food and Nutrition Services has not been approved because the required information was not provided _____
- If you provide the required verifications 30 calendar days from the date of application, _____ we will reopen your case and determine your eligibility.
- If you turned in an application, you will be allowed at least 60 calendar days _____ to provide the required information. If you do not provide the required information you will have to reapply if you still want to receive Food and Nutrition Services.
- If you provide the required verifications 30 calendar days from the date of recertification, _____ we will reopen your case and determine your eligibility.
- If you turned in a recertification form, you will be allowed at least 30 calendar days _____ to provide the required information. If you do not provide the required information you will have to reapply if you still want to receive Food and Nutrition Services.
- Your application for Food and Nutrition Services was not approved because of the following reason: _____

If you have any questions about what is needed, please call your caseworker at the number below.

You can have a fair hearing of your case if you do not agree with our decision. You must request a hearing no later than this date _____. In addition, if you have been certified, you can request a hearing at any time to dispute your current level of benefits. To request a fair hearing call the Food and Nutrition Services office at _____ or fill out and return the form below. You can also call this number if you want to know more about how a fair hearing works.

Free legal advice is available. Contact Legal Aid of North Carolina office at 1-866-219-5262.
 Mailing: PO Box 26087 Raleigh, NC 27611 Street: 224 South Dawson St. Raleigh, NC 27601.

Sincerely,
 Caseworker _____ Telephone Number _____

Name of person requesting hearing _____	Date _____
Address of person requesting hearing _____	
Telephone number where you can be reached _____	
Use this space to tell us why you want a fair hearing: _____	

You must let us know how you want your hearing done (check one box)	
<input type="checkbox"/> In-Person Hearing at the county DSS office	
<input type="checkbox"/> Remote Phone Hearing & my phone number for hearing is _____.	
<input type="checkbox"/> Remote Video Hearing & my e-mail address for hearing is _____.	
<input type="checkbox"/> I want to continue receiving the amount of Food and Nutrition Services I now receive until the hearing.	
<input type="checkbox"/> I do not want to continue receiving the amount of Food and Nutrition Services I now receive until the hearing _____.	

FOR OFFICE USE ONLY	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY
Case Number _____	Case Worker _____	Date Notice Sent _____	Date Request Received _____

Able-Bodied Adult Without Dependents (ABAWD) Requirements Form

The Food and Nutrition Services (FNS) Program, formerly known as Food Stamps, has a work requirement for some adults known as Able-Bodied Adult Without Dependents (ABAWDs). Some adults may only receive FNS for 3 months' time limit, unless they are working or otherwise meeting the ABAWD work requirement.

The work requirements apply to individuals who are:

- Age 18 – 50 years of age
- Effective October 1, 2023, the age requirement will change to 18 - 52 years of age
- Effective October 1, 2024, the age requirement will change to 18 - 54 years of age
- Fit for employment
- Not living in a FNS household with a minor
- Not pregnant
- Not already exempt from general work requirement
- Not covered by time limit waiver or 12 percent exemption. Effective October 1, 2023,, the exemption will change to eight (8) percent.

What is the time limit?

ABAWD eligibility for FNS is limited to any 3 months in a 36-month period (considered the 3-month time limit) unless the individual meets the ABAWD work requirements

What is the ABAWD work requirement?

ABAWDs can meet the work requirement by:

- Working 20 or more hours a week, averaging 80 hours monthly
- Participating in and complying with the requirements of a work program for 20 or more hours a week
- Participating in and complying with the requirements of a workfare program (North Carolina does not operate workfare program at this time)

What are the exemptions from ABAWD work requirements?

ABAWDs are exempt from work requirements in the following situations:

- Under 18 or 51 years of age or over
- Effective October 1, 2023 the age requirement will change to under 18 or 53 years of age or over
- Effective October 1, 2024 the age requirement will change to under 18 or 55 years of age or over
- Medically certified as physically or mentally unfit for employment
- Responsible for a dependent child or residing in a household where a household member is under age 18
- Exempt from FNS work requirements
- Pregnant
- Homeless
- Veteran
- Individuals who are 24 years of age or younger and in Foster Care under the responsibility of the State on their 18th birthday

Regaining Eligibility

ABAWDs who have exhausted their 3 countable months may regain eligibility at any time by meeting ABAWD work requirements for 30 consecutive days, meeting an exemption from ABAWD work requirements or when their 3-year period expires.

Countable work or work program activities are:

- Volunteering or working in paid employment, including self-employment
- Participating in Workforce Innovation and Opportunity Act (WIOA) services
- Participating in Trade Adjustment Act (TAA) services
- Participating in an allowable FNS Employment and Training (E&T) activity

What happens if an ABAWD who has regained eligibility stops meeting the work requirement?

FNS regulations provide that in limited circumstances, ABAWDs can gain an additional 3 months of eligibility.

This provision:

- Applies only to ABAWDs who regained eligibility but are no longer fulfilling the work requirement
- Provides that ABAWDs may only take advantage of this provision once in a 3-year period
- The additional 3 months must be used consecutively
- If the individual was working, the consecutive 3 months must start when the participant notifies the agency that he or she is no longer in compliance with ABAWD work requirements
- If the individual was participating in a work program or workfare program, the consecutive 3 months must start when the agency determines the ABAWD is no longer in compliance