North Carolina Department Of Health and Human Services Division of Social Services

	Part I, Report on Local	Hearings - Summary	
County			
certify that the total nunt all office locations during	nber of hearings reque wa Month	ested for all programs as Number	· *
F YOU RECEIVED REQUES' COPY OF THIS FORM ANI FOR <u>EACH</u> HEARING REQUI	O ATTACH ONE COP	OURING THIS MONTH, 'Y OF THE DSS-2807,	SEND ONE PART II,
F THERE WERE NO HEARIN THIS FORM DSS-2807, PART ZERO (0) IN THE "NUMBER"	I, REPORT ON LOCA	ING THE MONTH, SEN L HEARINGS - SUMMA	D ONE COPY OARY, WITH A
Director		Da	te

* Medical Assistance, AFDC, AFDC-FC, S/C SA, Certain Disabled, Food Assistance Services, Energy Assistance, Refugee Assistance, and others as specified.