

WORK FIRST FAMILY ASSISTANCE REPORT

→ DO NOT COMPLETE OR RETURN FORM UNTIL AFTER THE LAST DAY OF THE REPORT MONTH. ←

You must return this form no later than

Report information or changes for the **REPORT MONTH** of

When completed, return this form to your Caseworker at the above address.

↑IMPORTANT↑

**** How This Affects Your Family Assistance Check****

1. If the report is not fully completed, signed, and returned by the date shown above, your Family Assistance check and Medicaid will stop.

2. Information or changes reported on this report may make your family assistance check go up, or down, or stop. Your Medicaid may also stop.

If the address below is not correct, please make changes

HOW TO FILL OUT THIS REPORT

- Read each part. Check YES if you have something to report.
- Check NO if you have nothing to report.

PLEASE CALL OR SEE YOUR CASEWORKER IF YOU NEED HELP,
OR CALL TOLL-FREE 1-800-662-7030.

**READ EACH QUESTION. FOLLOW INSTRUCTIONS FOR THAT QUESTION.
YOU MUST ANSWER EVERY QUESTION.**

THE QUESTIONS ON THIS FORM APPLY TO THE FOLLOWING HOUSEHOLD MEMBERS.

- A. Yourself (unless you are the payee only of a Family Assistance check that does not include your own child)
- B. Any child included in the Family Assistance check
- C. Any Parent or Stepparent in the home
- D. Your Sponsor if you are an Immigrant (does not apply to Indochinese, Laotians, or Cambodians)

- (1) Does anyone in your household work? [] Yes [] No** If yes, send in all the pay stubs for the **REPORT MONTH**.
If you are paid monthly or self-employed, send in pay stubs or income verification for the last two months.
If you do not have all your pay stubs, you may have your employer complete this section for the REPORT MONTH.
If you work and fail to return this form by the deadline above, you will not receive deductions for work expenses, child care or other work deductions. **This may cause your Work First Family Assistance to stop or go down.**

A	NAME OF PERSON WORKING					B	NAME OF PERSON WORKING												
NAME/ADDRESS/PHONE#/SIGNATURE OF EMPLOYER										NAME/ADDRESS/PHONE#/SIGNATURE OF EMPLOYER									
	DATE PAY RECEIVED			GROSS PAY	TIPS	TOTAL HOURS		DATE PAY RECEIVED			GROSS PAY	TIPS	TOTAL HOURS						
	Mo	DAY	YEAR				Mo	DAY	YEAR										
1							1												
2							2												
3							3												
4							4												
5							5												
Indicate the number of hours this person will work in the next month:							Indicate the number of hours this person will work in the next month:												
Was this person on strike the last day to the REPORT MONTH? <input type="checkbox"/> Yes <input type="checkbox"/> No							Was this person on strike the last day to the REPORT MONTH? <input type="checkbox"/> Yes <input type="checkbox"/> No												

- (2) Does any person pay for child care, or pay for care of a disabled adult household member? [] Yes [] No**
If yes, has there been a change in the amount you pay since your last report? Yes No If yes, fill in below.

WHO DOES THE SITTER CARE FOR?				
Who pays the sitter?			What is the sitter's name?	
Sitter's Phone #		Cost each week	\$	Total paid in REPORT MONTH
				\$

- (3) **Does anyone in your household get money other than from work?** Examples: cash, contributions, gifts, child support, unemployment benefits, Social Security, SSI, worker's compensation, etc. Yes No If yes, send in verification for the **REPORT MONTH**. (If the money comes from child support, send in verification for the last two months.)

WHO GOT IT?	TYPE?	HOW MUCH?	HOW OFTEN RECEIVED?	RECEIVED FROM?		
				Name	Address	Phone#

- (4) **Did you or any household member receive a one-time lump sum payment during the last 3 months?** (Examples of lump sum payments are: back Social Security payments, insurance payments, inheritance, income tax refund) Yes No If yes, fill in below. (Also, please send a copy of the letter explaining the payment you received.)

Name Of Person Who Received	Date Received	Amount Received	Where Did the Money Come From?

- (5) **Are all school age children in your family still in school and regularly attending?** Yes No If no, fill in below.

Who is not in school or regularly attending?	Date stopped going to school

- (6) **Did anyone in your family get married, have a baby, or move in or out of your home during the last 3 months?** Yes No If yes, fill in below.

Who?	Age?	What was the change?	When did it happen?

- (7) **Do you know of anything that has changed or is expected to change such as anyone stopping or starting work or school?** Please tell us about this or any other changes.

I certify that the information provided is correct. I understand that I must report to my caseworker any changes in my family situation that occur after I return this report. I must report any change within 10 calendar days after I know it.

Signature _____ Date _____ Your phone number or a number where you can reached () - _____

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HOW TO GET A HEARING- If you are not satisfied with your case, you have the right to request a hearing. It will establish whether this action was correct and give you benefits if it is wrong. First, you can have a hearing before an impartial official of the county department of social services. The hearing will be held within 5 days of your request, unless you postpone it, for good reasons, for as much as 10 more days. Then, if you are dissatisfied with this decision, you can have a second hearing 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.

WHEN TO ASK FOR A HEARING: You have sixty (60) days from the date you are notified that Family Assistance will be reduced or terminated to ask for a hearing. If you do not ask for a hearing by then, you cannot have a hearing. If you are currently receiving Family Assistance and ask for a hearing before this change is made, you can continue to receive your benefits at the present level until the local hearing has been made. However, if your hearing shows that the changes were correct; you will have to repay any benefits you received while waiting for the hearing decision.

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 toll-free 1-800-662-7030.

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