NOTICE OF INFORMATION NEEDED TO DETERMINE YOUR ELIGIBILTY FOR WORK FIRST CASH ASSISTANCE

Cour	nty Name:	_ Worker Name:	District No	
Applicant/Recipient Name:		ICS/PDC No		
	You must return on	at	a.m. /p.m. to complete your interview.	
Additional information is needed before we can complete your eligibility determination for Work First Cash Assistance. You agreed to provide the information checked below.				
Please return this information by that we can use to determine your eligibility if		/ if you cannot get the	. The attached page lists other items items shown below.	
If you need more time to provide the information or need help getting the information, immediately contact the caseworker listed on this form. The caseworker will help you.				
	Verification of Identity for:			
	Social Security Number (SSN) or app	plication for SSN for:		
	Certified copy of birth certificate for:			
	Verification of Citizenship for:			
	Proof of Qualified Immigrant status for	pr:		
	Verification of Household Compositio	n:		
	Proof of Kinship/Living with Status:			
	Verification of incapacity/disability for	:		
	Bank Account Statement for:			
	Contribution form(s) completed by:			
	Verification of income for:			
	Proof of legally binding agreement or	resulting trust for:		
	Other:			

I certify that the applicant/recipient has been provided with a pre-addressed envelope.

Signature of Interviewer

Date

Telephone Number

The North Carolina Division of Social Services does not discriminate against any person on the basis of race, color, national origin, political beliefs, disability, sex, or age in the admission, treatment, or participation in its programs, services and activities, or in employment.

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If you need help or more time to get the information call your caseworker at _____

OR				
Complete and sign the	e form below and mail or bring this page to your caseworker. (Check all that apply)			
🗌 I need help	getting the information. 🗌 I need more time to get the information.			
Name:	Name: Telephone Number:			
Address:				
Caseworker's Name:				
We do not need any of the in	formation listed below unless you cannot get the information checked on the first page of this form.			
WAGES	If you cannot provide your pay stubs, we can accept one of the following:			
OTHER TYPES OF INCOME	 A wage form, (DSS-8113) completed by your employer. The caseworker can give you this form. A written statement from the employer which shows how much money you earned. We can accept any of the following as verification of income you receive from roomers/boarders, self-employment, farming, or rental property: 			
OPERATIONAL EXPENSES	 Records which show the income you receive from roomers/boarders, self-employment, farming, or rental income. Records for the person paying you room/board. A signed statement from the landlord, bank, real estate agent, or any other person who can verify how much money you get. We can accept any of the following as verification of your operational expenses for the income you receive from roomers/ boarders, self-employment, farming, or rental property: 			
SOCIAL SECURITY NUMBER (only required for	 Tax records. Statements from farm suppliers, banks, farm agents, Production Credit Association, ASCS Office, and any other person who can verify your operational expenses. If you are unable to provide a social security card, we can accept the following documents which verify that you have applied for a social security number: 			
those requesting assistance) GOOD CAUSE FOR NOT BEING REFERRED TO CHILD SUPPORT	 Receipt from the Social Security Administration Office (SSA-5028 or DSS-8174). For children, less than six months old, the mother's copy of the birth certificate if you applied for the child's social security number at the time of birth. You can provide the following documents to show you have good cause for not being referred to Child Support Enforcement: Birth certificates or medical or law enforcement records which show that you became pregnant because of incest or rape. Court documents or other records which show that legal proceedings for adoption are pending in court. Court, medical, criminal, child protective services, social services, psychological, or law enforcement records which show that the alleged absent parent might hurt you or the child. This could be physical or emotional hurt. Medical records or records of a mental health professional which show the reason you are afraid. A written statement from a public or private agency confirming that you are being helped to decide whether to give the child up. Signed statements from individuals, including friends, neighbors, minister, social workers, and medical professionals who know about your reasons for claiming good cause. 			