

Wake County DSS
P.O. Box 46833
Raleigh, NC 27620



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Worker: Angela Boone
Date Generated: 02-06-2024

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P.O. Box 46833
Raleigh, NC 27620

JONATHAN MITCHELL
1637 BROWN OWL DR
RALEIGH, NC 27610

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Social Services(DSS)

Notice of Eligibility, Denial, or Pending Status

We are 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 below.

- Your household is eligible for Food and Nutrition Services benefits for the month(s) of 01-16-2024 to 06-30-2024. Your household's first month of benefits are prorated, meaning you will not receive a full month for your month of application. Your first month of benefits will only include the days that start with your application date and run through the last day of the month. Your benefits for the month of 01-2024 is \$145. After this first month your ongoing monthly amount will be \$291.

If you have questions, please call your caseworker, Angela Boone, at 919- 212-7245.

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 05-06-2024. 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 919- 212-7000 or fill out and return the third page of this form. 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. Street: 224 South Dawson St. Raleigh, NC 27601. Mailing: PO Box 26087 Raleigh, NC 27611 1-866-219-5262.

**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



If you want a fair hearing, fill out this form and mail it to the following address no later than 05-06-2024:

Wake County Department of Social Services
P.O. Box 46833
Raleigh, NC 27620

Use the space provided below to tell us why you need a fair hearing:

JONATHAN MITCHELL
1637 BROWN OWL DR
RALEIGH, NC 27610
984- 295-4158

If any of the information above is incorrect, please fill out the following:

First Name: _____ Last Name: _____

Street Name: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

You must let us know how you want your hearing done (check one box)

- ☐ In-Person Hearing at the county DSS office.
☐ Remote Phone Hearing & my phone number for hearing is _____
☐ Remote Video Hearing & my e-mail address for hearing is _____
☐ I want to continue receiving the amount of Food and Nutrition Services I now receive until the hearing.
☐ I do not want to continue receiving the amount of Food and Nutrition Services I now receive until the hearing.

----- **FOR OFFICE USE ONLY** -----

Case Number _____ Case Worker _____ Date Notice Sent _____ Date Request Received _____