

WORK FIRST PROGRAM
Benefit Diversion and Work First Services for Low Income Families Survey
STATE FISCAL YEAR 2018-2019

County Name: _____

1. **Benefit Diversion:** Will your county offer Benefit Diversion to Work First applicants for the state fiscal year 2018-2019?

Yes

No

2. **Work First Services for Low Income Families:** Which Federal Poverty Level (FPL) will your county utilize for the state fiscal year 2018-2019?

150% of the FPL

200% of the FPL

Comments (optional): _____

Signature of Program Manager

Date

Signature of DSS Director

Date

Submit the survey no later than **May 30, 2018** via the following:

Email: sharon.d.moore@dhhs.nc.gov

Fax: (919) 334-1265 (Attn: Sharon D. Moore) or

Mail: NC Department of Health and Human Services
Division of Social Services
Economic and Family Services
Attn: Sharon D. Moore
820 S. Boylan Avenue, McBryde Building
2420 Mail Service Center
Raleigh, NC 27699-2420