

**Instructions for Completing the NC Subsidized Child Care Assistance (SCCA) Application  
(Form DCDEE-0456)**

**Please read these instructions before filling out the form. Use blue or black ink only. Answer all questions completely. If something does not apply, write "N/A."**

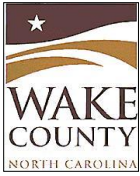
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**Section 1: Tell Us Who You Are and Where You Live**

- Fill in **your full legal name** (last, first, middle initial).
  - Social Security Number
  - Provide your **birth date, gender, and complete residential address** (include apartment number if applicable).
  - If your mailing address is different, enter it as well.
  - Include **email, county of residence, and phone numbers** (home, work, cell).
  - Answer the **homelessness and temporary living arrangement** questions.
  - Answer questions about **U.S. citizenship or legal non-citizen status** for you and your children.
  - Indicate your **primary household language**.
  - Mark your **family composition** and whether you live on Federal Land Trust or are a Tribal member.
  - Choose the **reason you need childcare** (employment, education/training, developmental needs, CPS, or CWS).
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**Section 2: Tell Us About Your Family's Income**

- State whether your family has **assets over \$1,000,000**.
  - For each **income source listed**, check **Yes** or **No**.
  - If "Yes," enter the **gross amount, how often you receive it, and who receives it**.
  - Include income from wages, child support, Social Security, TANF, unemployment, food stamps, disability, alimony, veteran's benefits, and other sources.
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### **Section 3: List All People Living in Your Home**

- Start with **your name** on the first line.
- Include **full name, gender, birth date, age, and relationship** for each person.
- Indicate if there is a **custody order** for any child.

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### **Section 4: Employment, School, or Training Information**

- Provide work/school/training details for **you** and **spouse/other parent** if in the same household.
- Attach **copies of all pay stubs** for the month before you submit the application.
- If in school/training, attach **current class schedule**.
- Include employer/school name, address, contact person, phone, and **hours per week**.

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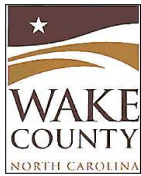
### **Section 5: Information About Children Who Need Care**

- Complete details for each child:
  - Name, SSN, birth date, age, race, ethnicity.
  - Indicate **school attendance**, program participation (NC Pre-K, Head Start), and care needs (full-day, half-day, year-round, school-year only, breaks only).
  - Note if the child has a **special need**.
- Use additional space on the form if needed

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### **Section 6: Read Your Rights and Responsibilities**

- Review carefully before signing.
  - Understand that you must **report changes within 10 business days** (address, income, employment, provider, enrollment status).
  - You are responsible for **parental fees** and keeping records of payments.
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### **Section 7: Sign and Date the Application**

- Sign and date the application in Section 7.
  - The **childcare worker** will also sign and date.
  - Provide the **name and address of your chosen childcare provider**.
  - Remember: **The SCCA Program will not pay for care provided before written authorization.**
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### **Section 8: Voter Registration**

- Indicate whether you are registered to vote at your current address.
  - You may choose to register; it will **not affect your eligibility**.
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### **Section 9: Attach Required Documents**

Before submitting, make sure you include:

- Copies of all **pay stubs** for the prior month.
  - **Class/training schedule** if applicable.
  - **Most recent tax return** if self-employed.
  - Any **custody orders** (if applicable).
  - Chosen **childcare provider information**.
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### **Final Checklist Before Submission**

- All sections completed in **blue or black ink**.
  - All required documents attached.
  - Signed and dated by applicant.
  - Rights and responsibilities reviewed, signed and dated.
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If you have questions or need help completing the application, contact 919.212.7052 or email [childcaresubsidy@wake.gov](mailto:childcaresubsidy@wake.gov).



## CHILD CARE APPLICATION

COMPLETE ALL SECTIONS IN BLUE OR BLACK INK

1. Tell us who you are and where you live.				
Last Name:	First Name:	Mid. Initial:		
Social Security Number: (Optional)	Birthdate	Gender: <input type="checkbox"/> M <input type="checkbox"/> F		
Residence Address:	City:	State: NC	Zip:	
Mailing Address: (If different than residential address)	City:	State: NC	Zip:	
E-Mail:	County: (You live in)			
Home:	Work:	Cell:		
Has the family been homeless for one or more days during the month of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No				
NOTE: Homeless is defined as individuals who lack a fixed, regular, and adequate nighttime residence.				
U.S. Citizenship Status	Check All that apply	Is your current address a temporary living arrangement? <input type="checkbox"/> Y <input type="checkbox"/> N	Program Disqualification	
<input type="checkbox"/> Applicant is a U.S. Citizen		If yes, please check all that apply.  <input type="checkbox"/> Living with an Adult Relative <input type="checkbox"/> Homeless or Emergency Homeless Shelter <input type="checkbox"/> Hotel or Motel <input type="checkbox"/> Living with a Non-Relative <input type="checkbox"/> Place not designated for sleeping. <input type="checkbox"/> Shelter for Battered Women and Children <input type="checkbox"/> Supervised Shelter <input type="checkbox"/> Hospital for 30 days or under <input type="checkbox"/> Psychiatric Hospital for 30 days or under <input type="checkbox"/> Unknown.	Have you ever been disqualified from the Subsidized Child Care Assistance Program in another county? <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Child (ren) is a U.S. Citizen			<b><u>If yes, child care coordinator: see instructions</u></b>	
<input type="checkbox"/> Child (ren) is not a U.S. Citizen			Language	What is the primary language spoken in the home?
<input type="checkbox"/> Applicant or child (ren) is a legal U.S. Non-Citizen (residing in the U.S. legally)			<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Native Central, South American Languages <input type="checkbox"/> Mexican Languages <input type="checkbox"/> Caribbean Languages <input type="checkbox"/> Middle Eastern or South Asian Languages <input type="checkbox"/> East Asian Languages <input type="checkbox"/> Native North American/Alaska Native Languages <input type="checkbox"/> Pacific Island Languages <input type="checkbox"/> European or Slavic Languages <input type="checkbox"/> African Languages <input type="checkbox"/> Other (e.g., American Sign Language)	
<input type="checkbox"/> Child (ren) is not a U.S. Citizen, but needs care to support child protective services, foster care and/or developmental needs.				
Family Composition Check One:	Tribal Families			
<input type="checkbox"/> Single Parent / Guardian Family <input type="checkbox"/> Two Parent / Guardian Family <input type="checkbox"/> Foster Child of a Single Parent Family <input type="checkbox"/> Foster Child of a Two Parent Family <input type="checkbox"/> Foster Child with a Child	Do you reside on a Federal Land Trust?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Reason for Child Care Services are Needed Check One:	If yes, are you a Tribal Member	<input type="checkbox"/> Y <input type="checkbox"/> N		
<input type="checkbox"/> Employment <input type="checkbox"/> Education/Training <input type="checkbox"/> Developmental Needs <input type="checkbox"/> CPS <input type="checkbox"/> CWS				

**2. Tell us about your family.**

Does the family have assets that exceed \$1,000,000?  Yes  No

Sources of Income (You must check Yes or No for each source. Any option left unchecked will be recorded as a No.)

Source	Check Yes or No	Gross Amount	How Often Received?	Who Gets the Money?	Source	Check Yes or No	Gross Amount	How Often Received?	Who Gets the Money?
Employment	<input type="checkbox"/> Y <input type="checkbox"/> N				Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N			
Housing Voucher or Cash Assistance	<input type="checkbox"/> Y <input type="checkbox"/> N				Social Security	<input type="checkbox"/> Y <input type="checkbox"/> N			
TANF (Family Independence)	<input type="checkbox"/> Y <input type="checkbox"/> N				Unemployment	<input type="checkbox"/> Y <input type="checkbox"/> N			
Food Stamps	<input type="checkbox"/> Y <input type="checkbox"/> N				Disability Income	<input type="checkbox"/> Y <input type="checkbox"/> N			
SSI or Other Federal Cash Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N				Worker's Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N			
Alimony	<input type="checkbox"/> Y <input type="checkbox"/> N				Veteran's Pension	<input type="checkbox"/> Y <input type="checkbox"/> N			
Other: (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N				Other: (Specify)	<input type="checkbox"/> Y <input type="checkbox"/> N			

**3. Tell us who lives in your home. (List your name on the first line.)**

Last Name	First Name	Middle Initial	Gender	Birthdate	Age	How is this person related to you?	Is there a custody order?
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N

**4. Tell us where you work or attend school or training.**

For employment, include copies of all check stubs for the month prior to the date you submit this application.

Applicant / Responsible Adult #1 Work/School/Training Information		Applicant / Responsible Adult #2 (Spouse or Child's Other Parent, if in same household) Relationship to Applicant/RA #1 _____ Work/School/Training Information	
Name of Applicant / Responsible Adult #1:		Name of Applicant / Responsible Adult #2:	
Employment/School/Training Status: (Check all that apply) <input type="checkbox"/> Employed <input type="checkbox"/> Employed/Attending School/Training <input type="checkbox"/> Attending School/ Training <input type="checkbox"/> Disabled		Employment/School/Training Status: (Check all that apply) <input type="checkbox"/> Employed <input type="checkbox"/> Employed/Attending School/Training <input type="checkbox"/> Attending School/Training <input type="checkbox"/> Disabled	
Employer:	School/Training Program Attending:	Employer:	School/Training Program Attending:
Employer Address: (Including city, state, zip)	School/Training Address:	Employer Address: (Including city, state, zip)	School/Training Address:
Contact Person at Work:	Contact Person at School/Training:	Contact Person at Work:	Contact Person at School/Training:
Contact Person's Phone No.:	Contact Person's Phone No.:	Contact Person's Phone No.:	Contact Person's Phone No.:
How many hours do you work each week?	How many hours do you attend school/training each week?	How many hours do you work each week?	How many hours do you attend school/training each week?

Space to enter additional children is provided on the next page.

5. Tell us about the children who need child care services.						
Child's First Name:		Child's Last Name:		SSN:(Optional)	Birthdate:	Age:
Race	Check All that Apply			Additional Information	Check Yes or No	
American Indian or Alaskan Native				Does the child currently attend school?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Black or African American				If yes, School Name:		
Native Hawaiian or Pacific Islander		Other Programs	Check Yes or No	Attends half day only?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Asian		NC Pre-k?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attends full day?	<input type="checkbox"/> Y <input type="checkbox"/> N	
White		Head Start?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed all year?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Ethnicity	Answer Yes or No	Does the child have a special need?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed school year only?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed for school breaks and summer breaks only?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Child's First Name:		Child's Last Name:		SSN:(Optional)	Birthdate:	Age:
Race	Check All that Apply			Additional Information	Check Yes or No	
American Indian or Alaskan Native				Does the child currently attend school?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Black or African American				If yes, School Name:		
Native Hawaiian or Pacific Islander		Other Programs	Check Yes or No	Attends half day only?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Asian		NC Pre-k?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attends full day?	<input type="checkbox"/> Y <input type="checkbox"/> N	
White		Head Start?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed all year?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Ethnicity	Answer Yes or No	Does the child have a special need?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed school year only?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed for school breaks and summer breaks only?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Child's First Name:		Child's Last Name:		SSN:(Optional)	Birthdate:	Age:
Race	Check All that Apply			Additional Information	Check Yes or No	
American Indian or Alaskan Native				Does the child currently attend school?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Black or African American				If yes, School Name:		
Native Hawaiian or Pacific Islander		Other Programs	Check Yes or No	Attends half day only?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Asian		NC Pre-k?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attends full day?	<input type="checkbox"/> Y <input type="checkbox"/> N	
White		Head Start?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed all year?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Ethnicity	Check Yes or No	Does the child have a special need?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed school year only?	<input type="checkbox"/> Y <input type="checkbox"/> N	
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed for school breaks and summer breaks only?	<input type="checkbox"/> Y <input type="checkbox"/> N	

**5. Tell us about the children who need child care services, continued...**

Child's First Name:		Child's Last Name:		SSN:(Optional)	Birthdate:	Age:
Race	Check All that Apply			Additional Information		Check Yes or No
American Indian or Alaskan Native				Does the child currently attend school?		<input type="checkbox"/> Y <input type="checkbox"/> N
Black or African American				If yes, School Name:		
Native Hawaiian or Pacific Islander		Other Programs	Check Yes or No	Attends half day only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Asian		NC Pre-k?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attends full day?		<input type="checkbox"/> Y <input type="checkbox"/> N
White		Head Start?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed all year?		<input type="checkbox"/> Y <input type="checkbox"/> N
Ethnicity	Check Yes or No	Does the child have a special need?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed school year only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed for school breaks and summer breaks only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Child's First Name:		Child's Last Name:		SSN:(Optional)	Birthdate:	Age:
Race	Check All that Apply			Additional Information		Check Yes or No
American Indian or Alaskan Native				Does the child currently attend school?		<input type="checkbox"/> Y <input type="checkbox"/> N
Black or African American				If yes, School Name:		
Native Hawaiian or Pacific Islander		Other Programs	Check Yes or No	Attends half day only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Asian		NC Pre-k?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attends full day?		<input type="checkbox"/> Y <input type="checkbox"/> N
White		Head Start?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed all year?		<input type="checkbox"/> Y <input type="checkbox"/> N
Ethnicity	Check Yes or No	Does the child have a special need?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed school year only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed for school breaks and summer breaks only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Child's First Name:		Child's Last Name:		SSN:(Optional)	Birthdate:	Age:
Race	Check All that Apply			Additional Information		Check Yes or No
American Indian or Alaskan Native				Does the child currently attend school?		<input type="checkbox"/> Y <input type="checkbox"/> N
Black or African American				If yes, School Name:		
Native Hawaiian or Pacific Islander		Other Programs	Check Yes or No	Attends half day only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Asian		NC Pre-k?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attends full day?		<input type="checkbox"/> Y <input type="checkbox"/> N
White		Head Start?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed all year?		<input type="checkbox"/> Y <input type="checkbox"/> N
Ethnicity	Check Yes or No	Does the child have a special need?	<input type="checkbox"/> Y <input type="checkbox"/> N	Child care needed school year only?		<input type="checkbox"/> Y <input type="checkbox"/> N
Hispanic/Latino	<input type="checkbox"/> Y <input type="checkbox"/> N			Child care needed for school breaks and summer breaks only?		<input type="checkbox"/> Y <input type="checkbox"/> N

**6. Please read the following Applicant Rights and Responsibilities. KEEP THIS FOR YOUR RECORDS**

**Applicant Rights**

**Public assistance applicants have the right to:**

1. Apply for and, if eligible, receive assistance. If your application is denied or withdrawn, reapply at any time.
2. If the SCCA Program in your county does not have funding available, you may be given an option to be placed on the waiting list.
3. Receive a redetermination notice at least 30 days prior to the end of your current Subsidized Child Care Assistance certification period.
4. Have all information you provide to the agency kept in confidence and remain private unless required by law. Be advised that information provided to this agency may be stored in a computer database.
5. Have an interpreter or translator services at no cost to you when communicating with the agency.
6. Get help in completing an application and/or help getting the information needed to determine eligibility.
7. Apply for assistance for new or additional household members at any time.
8. Withdraw an application or request termination of ongoing benefits at any time.
9. Receive notice of any information needed to determine your eligibility and the outcome of your application or any changes in your benefits.
10. Receive your assistance until notice of termination has expired or until it is withheld by appropriate action.
11. Be advised that racial and ethnic data is obtained on participating household members. This information is voluntary. Neither your eligibility nor benefit/assistance amount will be affected if you choose not to provide it.
12. Be protected by law against discrimination based on race, color, national origin, sex, religion, age, disability or political affiliation. DHHS follows the standards set by Title VI of the Civil Rights Act.
13. Ask questions regarding program rules and requirements.
14. Ask for a hearing from the county department of social services and the state Division of Social Services. Hearing requirements may be different for each program. Refer to **Section 9** for Applicant Hearing Rights.

**Applicant Responsibilities**

1. Report changes to your child care worker within ten (10) business days of when changes occur including:
  - Change of contact information including address and telephone number.
  - Increase in income that exceeds 85% SMI (this should NOT include irregular income fluctuations) based on the SMI chart posted on the DCDEE website.
  - Recipient is no longer employed, no longer in an education setting, or has any other temporary change in their need for child care. o Change in recipient's choice of provider is needed or wanted.
  - Recipient needs or wants to end child care services
2. Report absences to your child care worker when your child(ren) is/are absent from the child care arrangement more than ten (10) days during a month **or** if your child will no longer be enrolled at the center or home.
3. Pay the parental fees determined by your child care worker to your child's provider. Failure to pay these fees regularly and on time can result in termination of child care services. You will not be eligible for child care services until the parental fees are paid. Also, you should request a receipt from the provider each time you pay child care fees.
4. Respond to all contact from the county department of social services (DSS) or local purchasing agency (LPA) regarding your continued eligibility within the requested time frame. Failure to respond may result in the termination of services. If your child care services are terminated and you continue to need help paying for child care, you must request that your name be added to the child care waiting list if one exists.
5. Provide the required information so that eligibility for Subsidized Child Care Assistance can be determined. If written information is not available, signing this form gives permission to the worker to verify the information, such as income, by telephone or through other documents on file in the DSS or other agencies.

## FRAUDULENT MISREPRESENTATION

If you make a false statement or representation regarding a material fact with the intent to deceive, or fail to disclose a material fact, and as a result obtain, attempt to obtain, or continue to receive child care subsidy, then you may be found guilty of the offense of fraudulent misrepresentation per North Carolina General Statute 110-107. Subsidy fraud is a crime in the State of North Carolina. Anyone who intentionally makes a false statement or withholds information in order to receive child care subsidy money can be criminally prosecuted and even receive jail time under North Carolina Law.

If you have a first instance of fraudulent misrepresentation, you must repay the amount of child care subsidy for which you were ineligible to receive, and you shall be permanently ineligible to participate in the Subsidized Child Care Assistance Program. You have the right to appeal the decision made.

If you are convicted of fraudulent misrepresentation by a court of competent jurisdiction, you will also be permanently ineligible to participate in the Subsidized Child Care Assistance Program and the sanction imposed cannot be appealed.

### 7. By my signature below:

Certification of Applicant/Authorized Representative: I certify that I have read or had read to me the Applicant's Statement on the back of this form, that my child care worker has explained the information on the back of this form, and that the information provided, as reflected on this form, is accurate and complete to the best of my knowledge.

Printed Name: \_\_\_\_\_

Signature of Applicant/Authorized Rep : \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature of Child Care Worker : \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Name of Child Care Provider Selected \_\_\_\_\_

Address of Child Care Provider Selected: \_\_\_\_\_

**NOTE: The SCCA Program WILL NOT pay for any children who are served prior to receiving written authorization.**

### 8. Voter Registration

Are you registered to vote at the address where you live? \_\_Yes \_\_No If not, would you like to register today? \_\_Yes \_\_No

If you do not check either, you will be considered to have decided not to register to vote at this time. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency. If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote or your right to choose your own political party or other political preference, you may file a complaint with the North Carolina Bipartisan State Board of Elections and Ethics Enforcement. If you require assistance with voter registration, you can call the North Carolina Bipartisan State Board of Elections and Ethics Enforcement at 1-866-522-4723.

### CHECKLIST

- Have you completed all sections of the Application?
- Have you signed and dated this Application?
- Have you attached copies of your paystubs? Include copies of all check stubs for the month prior to the date you submit this application.
- If you attend school or a training program, have you attached a copy of the schedule?
- If you are self-employed, did you attach your most recent income tax forms?
- Have you signed and received the rights and responsibilities?
- Have you selected a child care provider?
- Have you received information regarding Developmental Screenings and other programs I may be eligible for?
- I have received information regarding voter registration.

**If you are not sure what to send, or need assistance in completing this application, contact your local LPA/DSS.**

## **9. SCCA Program Information- KEEP THIS FOR YOUR RECORDS**

This form also serves as your record of the information provided by you and is used in determining eligibility for child care services. Your signature in **Section 7** of the form certifies that you have been made aware of and agree to the rights and responsibilities contained in the following statement. **Do not return this portion of the application, keep it for your records.**

### **APPLICANT'S STATEMENT**

I understand that I am responsible for providing my child care worker of the local purchasing agency with certain information necessary to determine eligibility for the services requested. Also, I understand that if I am disqualified from the Subsidy program due to fraudulent acts (see Child Care Fraud in next section) that I will not be eligible for child care subsidy in any county. The information provided by me is reflected in this form and represents a true and complete statement of facts according to my best knowledge. I also understand that the information provided by me may be subject to verification and that I may be asked, at this time or at a later date, to provide documentation which supports the information I provide to my child care worker. I agree to notify my child care worker of the Local Purchasing Agency/County Department of Social Services (LPA/DSS) within ten (10) business days of any change in address, employment, income, school/employment training schedule (if applicable), living arrangements, or family size of those for whom the services are requested.

I understand that the information I provide to my child care worker will be held in strict confidence and will not be revealed to anyone without my written consent, except for information necessary to establish eligibility and information that may be revealed in the course of agency audits and monitoring. I hereby authorize the release of any information, reports, and any information by the Social Security Administration to my child care worker that is needed to determine my eligibility for subsidized child care assistance.

### **FRAUDULENT MISREPRESENTATION**

Fraud is a criminal offense. I understand that it is against the law for me to make false statements or to withhold If you make a false statement or representation regarding a material fact with the intent to deceive, or fail to disclose a material fact, and as a result obtain, attempt to obtain, or continue to receive child care subsidy, then you may be found guilty of the offense of fraudulent misrepresentation per North Carolina General Statute 110-107. Subsidy fraud is a crime in the State of North Carolina. Anyone who intentionally makes a false statement or withholds information in order to receive child care subsidy money can be criminally prosecuted and even receive jail time under North Carolina Law.

If you have a first instance of fraudulent misrepresentation, you must repay the amount of child care subsidy for which you were ineligible to receive, and you shall be permanently ineligible to participate in the Subsidized Child Care Assistance Program. You have the right to appeal the decision made.

If you are convicted of fraudulent misrepresentation by a court of competent jurisdiction, you will also be permanently ineligible to participate in the Subsidized Child Care Assistance Program and the sanction imposed cannot be appealed.

### **HOW TO GET A FAIR HEARING**

I understand that I have a right to request and obtain a fair hearing if the Local Purchasing Agency does not act upon my request with reasonable promptness (i.e., within thirty (30) calendar days of the date application is received and/or if I disagree with the LPA's action in response to my request. I understand that the agency's decision in no way affects Medicaid, WFFA, Food Stamps or any other service assistance or income. If eligible, I understand that services will be provided or arranged within thirty (30) calendar days of notification if such service is available.

If your request for child care services was denied and you wish to request a fair hearing, you must contact the child care supervisor/coordinator of the local purchasing agency within sixty (60) days from the date of the action.

A hearing will be scheduled for you with an official of the county department of social services. If you are dissatisfied with the decision made at that hearing, you may have a hearing with an official from the NC Department of Health and Human Services.

At either of these hearings, you may have someone speak for you at your hearing, such as a relative or a paralegal or attorney obtained at your expense. Free legal services may be available in your community. Contact your nearest Legal Aid or Legal Services office or call 1-866-219-5262 toll free.

If you have any questions or want further information, please contact your child care worker as soon as possible.

### **TYPES OF INCOME TO REPORT**

Wages or salary; adjusted gross income from self-employment; social security; dividends, interest, income from estates, trusts, or royalties; adjusted gross rental income; public assistance or welfare payments; pensions; annuities; retirement benefits; unemployment compensation or strike benefits; workmen's compensation; alimony; child support; veterans' benefits; on the job training benefits; Armed Forces pay; Work Supplemental programs; child care subsidies.

# North Carolina Rights and Responsibilities for Public Assistance

## Section 1: Applicant Rights and Responsibilities

If you are applying for or receiving assistance in North Carolina, you have the following rights and responsibilities.

### Your Rights:

- Apply for and, if eligible, receive assistance. If your application is denied or withdrawn, reapply at any time. If the Subsidized Child Care Assistance Program in your county does not have funding available, you may be given an option to be placed on the waiting list.
- Have all information you provide to the agency kept in confidence and remain private unless required by law. Be advised that information provided to this agency may be stored in a computer database.
- Have an interpreter or translator services at no cost to you when communicating with the agency.
- Get help in completing an application and/or help getting the information needed to determine eligibility.
- Apply for assistance for new or additional household members at any time.
- Withdraw an application or request termination of ongoing benefits at any time. Receive written notice of any information needed to determine your eligibility and the outcome of your application or any changes in your benefits.
- Receive your assistance until notice of termination has expired or until it is withheld by appropriate action.
- Be advised that racial and ethnic data is obtained on participating household members. This information is voluntary. Neither your eligibility nor benefit/assistance amount will be affected if you choose not to provide it.
- In accordance with federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Programs that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS), such as Temporary Assistance for Needy Families (TANF), and programs HHS directly operates are also prohibited from discrimination under federal civil rights laws and HHS regulations. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or who have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.
- For the purposes of FNS: Benefits or level of benefits are not affected if ethnicity or race is not answered. When the information is not provided the agency will collect the information by observation during the interview. Giving this information will help ensure program benefits are distributed without regard to race, color or national origin (this information is used for statistical purposes only).
- Do not need a permanent address as long as you plan to stay in North Carolina. For Subsidized Child Care Assistance and FNS, you must reside in the county in which you apply.
- Ask questions regarding program rules and requirements.
- Ask for a hearing from the county department of social services and the state Division of Social Services. Hearing requirements may be different for each program. Refer to Section 3: Hearing Rights.

### Your Responsibilities:

- Provide all information requested and certify that all information provided concerning your situation and all persons for whom you are applying or receiving benefits for is true and complete.
- Report timely to the county department of social services if you receive incorrect benefits or assistance.
- Report changes in your situation timely to the county department of social services as required by program policy. If you are unsure if you need to report something or not, call your caseworker. Reporting requirements may be different for each program. Refer to Section 4: Program Rights and Responsibilities.
- Provide the county department of social services or the local purchasing agency, state and federal officials, upon request, information needed to determine eligibility.
- Cooperate with local, state and federal personnel in Quality Control reviews.
- Understand that any Medical ID card, Electronic Benefits Transfer (EBT) card, or Child Care Voucher received is to be used only for the person(s) listed on the card/voucher. It is against the law to give your Medical ID, EBT card, or Child Care Voucher to someone else and you could be prosecuted for fraud.
- Apply for all benefits to which you may be entitled (such as Unemployment Benefits, Social Security benefits, Veteran's

- benefits, etc.) including receiving the maximum benefit for which you are eligible, when applying for or receiving Medical Assistance, Cash Assistance, or Special Assistance.
- Report any child or spousal support paid directly to you. This information must be reported and will be counted as income, for some programs, in determining your eligibility.

## Section 2: Information You Need To Know

### Fraud

- Under North Carolina law, persons must provide all information needed to decide if they can receive benefits/assistance.
- If you knowingly provide false information or withhold information, you can be lawfully punished for fraud.
- You may be asked to repay the benefits/assistance that was paid incorrectly.
- If anyone is convicted of giving false information regarding their residence, in order to receive Work First or Food and Nutrition Services benefits in more than one place, they will be ineligible to receive these benefits for 10 years.

### Identity/Citizenship

- You must tell us about and provide documents, if required by program policy, for the citizenship and immigration status of all persons in your household applying for, or receiving, benefits/assistance to determine eligibility. Signing this form states, under penalty of perjury, you have told the truth of the information on the application, including the information concerning citizenship and alien status for all the members applying for benefits/assistance. Non-applicant household members are not required to provide immigrant or citizenship status. This means if you are not applying for someone in your home you are not required to give us their immigrant or citizenship status. For Subsidized Child Care Assistance, if citizenship is questionable, you will be required to provide verification of your current status.
- You must be a United States Citizen or qualified immigrant/eligible alien to receive benefits/assistance. Exceptions may apply to Medical Assistance in emergency situations and to Subsidized Child Care Assistance for Child Protective Services and Foster Care.
- Information given to use in verifying your immigration status will be used in matching information with a web-based service called the Systematic Alien Verification for Entitlements (SAVE). If additional information is required, we may check with the United States Citizenship and Immigration Services (USCIS).

### Child Support/Assignment of Rights

- As a condition of eligibility for some benefit programs the law requires a caretaker of a child receiving public assistance to cooperate with the Social Services and Child Support Enforcement agencies to establish a support case. Medicaid does not require a caretaker to cooperate with Child Support Enforcement unless he is applying/receiving for him/herself. Subsidized Child Care Assistance does not require that you cooperate with Child Support Enforcement.
- The medical or child support paid to Child Support Enforcement is used to repay the Work First Family Assistance or Medicaid benefits you receive for your child (ren).
- You may claim good cause for not cooperating. Please notify your caseworker if you think you have good cause.
- I understand this assignment of rights continues for as long as anyone I am applying for receives Work First or Medicaid.

### Social Security Numbers

- Non-applicant household members are not required to provide a social security number. You must tell the county department of social services all the social security numbers used by all applicants. Subsidized Child Care Assistance does not require you to provide a Social Security Number(s).
- These numbers will be matched electronically with other government agency records (but not the Bureau of Citizenship and Immigration Services) to verify information. This includes the Social Security Administration, Internal Revenue Service, the Division of Employment Security, out-of-state welfare agencies and any other necessary agencies to verify information needed to determine eligibility. You have the right to request your application be withdrawn or denied, or request assistance be terminated if you do not want this done.
- Providing a Social Security Number is required by the Food and Nutrition Act of 2008 for applicants seeking benefits.
- Persons applying for Emergency Medicaid services only are not required to provide a social security number.
- The caseworker can help if assistance is needed in obtaining a social security number.

### **Estate Recovery (Medical Assistance Only)**

- Federal and State laws require the Division of Medical Assistance (DMA) to file a claim against the estate of certain individuals to recover the amount paid by the Medicaid program during the time the individual received assistance with certain medical services. Ask your caseworker for specific information regarding which services are applicable to estate recovery.

### **Medical Assistance/Assignment of Rights (Medical Assistance Only)**

- North Carolina must be named remainder beneficiary for annuities purchased after November 1, 2007.
- Understand that by accepting medical assistance for yourself or other members of your household, you agree to give back to the State any and all money that is received from any insurance company for payment of medical and/or hospital bills for which the medical assistance program has or will make payment.

### **Reviews**

- A review of eligibility may be completed periodically depending on the type of assistance you are receiving.
- If you get a notice of review or a report, you must fill out, sign and return all forms and requested verifications to the county department of social services by the deadline date printed on the form as instructed. Assistance could terminate or be delayed if review or report is not completed and returned timely.
- If you are required to have an interview and fail to do so it will result in a delay or denial of assistance. For Child Care services, failure to complete a requested interview will result in termination of Child Care services. You are responsible for rescheduling a missed interview and for providing required verification information.

## **Section 3: Hearing Rights**

### **Your Rights to a Hearing:**

- You have the right to a hearing if you were denied or discouraged from applying for benefits. For Subsidized Child Care Assistance, you cannot request a hearing if the county where you reside has no available funds.
- You have the right to a hearing if you disagree with the decision made on your Medicaid, Food and Nutrition Services case.
- You have the right to request a hearing if your application is denied or your case is terminated, your benefit is changed, or your case is not acted upon timely. Program requirements are listed in Section 4: Program Rights and Responsibilities.
- For WFFA, Subsidized Child Care Assistance, Medical, Special Assistance, and Energy the standard time to request a hearing is 60 days from the date of your notice. For Food and Nutrition Services the standard time to request a hearing is 90 days from the date of your notice.
- You can request a hearing in person, by telephone or in writing. Contact your caseworker to ask for a hearing. When required by policy a local hearing will be held within 5 days of your request unless you ask for it to be postponed. The hearing can be postponed, for good reasons, for as much as 10 calendar days. If you think the decisions from the local hearing officer is wrong, call or write your caseworker WITHIN 15 DAYS to ask for a second hearing. The second hearing is before a state hearing official.
- If you ask for a hearing for FNS, a local conference is optional and not required.
- If you ask for a hearing for Work First and you live within certain counties, the second hearing is before a county official.
- For Subsidized Child Care Assistance, State and Local hearings can only be requested at the county level.
- If you are requesting a hearing about disability, there is no local hearing. A state hearing officer holds the disability hearing.
- You may have someone speak for you at your hearing, such as a relative or a paralegal or attorney obtained at your expense. Free legal services may be available in your community. Contact your nearest Legal Aid or Legal Services office or call 1-866-219-5262 toll free.
- You (or the person speaking for you) can view your record at any time, except for third-party information. If you ask, you may also see additional information to be used at the hearing.
- If you have additional questions or concerns, contact your caseworker for information, or call DHHS Customer Service Center toll free at 1-800-662-7030. TDD/Voice for the hearing impaired is also available through the DHHS Customer Service Center number. The DHHS Customer Service Center is available Monday through Friday 8 a.m. to 5 p.m. except for state holidays. A bilingual information and referral specialist is available to translate for persons with limited English proficiency.

## Section 4: Program Rights and Responsibilities

### Subsidized Child Care Assistance

- The time standard for completing and processing a Subsidized Child Care Assistance application is 30 calendar days from the date of the application.

### Your Rights:

- Receive a redetermination notice at least 30 days prior to the end of your current Subsidized Child Care Assistance certification period.

### Your Responsibilities:

- Report changes to your child care worker within ten (10) business days of when changes occur including:
  - Change of contact information including address and telephone number.
  - Increase in income that exceeds 85% SMI (this should NOT include irregular income fluctuations) based on the SMI chart posted on the DCDEE website.
  - Non-temporary change in the status of the recipient as working or attending a job training or education program or any other non-temporary change in their need for child care.
  - Change in recipient's choice of provider is needed or wanted. ○ Recipient needs or wants to end child care services
- Report absences to your child care worker when your child(ren) is/are absent from the child care arrangement more than five (5) days during a month or if your child will no longer be enrolled at the center or home.
- Pay the parental fees determined by your child care worker to your child's provider. Failure to pay these fees regularly and on time can result in termination of child care services. You will not be eligible for child care services until the parental fees are paid. Also, you should request a receipt from the provider each time you pay child care fees.
- Respond to all contact from the county DSS or local purchasing agency (LPA) regarding your continued eligibility within the requested time frame. Failure to respond may result in the termination of services. If your child care services are terminated and you continue to need help paying for child care, you must request that your name be added to the child care waiting list if one exists.
- Provide the required information so that eligibility for Subsidized Child Care Assistance can be determined. If written information is not available, signing this form gives permission to the worker to verify the information, such as income, by telephone or through other documents on file in the county department of social services (DSS) or other agencies.
- If you make a false statement or representation regarding a material fact with the intent to deceive, or fail to disclose a material fact, and as a result obtain, attempt to obtain, or continue to receive child care subsidy, then you may be found guilty of the offense of fraudulent misrepresentation per North Carolina General Statute 110-107. Subsidy fraud is a crime in the State of North Carolina. Anyone who intentionally makes a false statement or withholds information in order to receive child care subsidy money can be criminally prosecuted and even receive jail time under North Carolina Law.
- If you have a first instance of fraudulent misrepresentation, you must repay the amount of child care subsidy for which you were ineligible to receive, and you shall be permanently ineligible to participate in the Subsidized Child Care Assistance Program. You have the right to appeal the decision made.
- If you are convicted of fraudulent misrepresentation by a court of competent jurisdiction, you will also be permanently ineligible to participate in the Subsidized Child Care Assistance Program and the sanction imposed cannot be appealed.

### Work First Family Assistance

- The time standard for completing and processing a Cash Assistance application is 45 calendar days from the date of application. Exceptions to this 45-day time standard may apply; your caseworker will explain if applicable.
- North Carolina General Statute 108A-29.1, requires substance use screening and testing for the illegal use of controlled substances, if there is reasonable suspicion, for each adult applicant or recipient as a condition of eligibility to receive assistance. The substance use screening and testing requirement does not apply to:
  - Child only cases with a non-parent caretaker as the case head; or ○ Dependent children;
  - or
  - Supplemental Security Income (SSI) recipients. This includes SSI recipients who are custodial parents

### Your Rights:

- Request a screening at any time to identify potential disabilities or other barriers that may impact program participation.
- You have the right for the eligible household members to receive cash assistance if you are disqualified or sanctioned, due to a confirmed positive substance use test and/or failure to be screened or tested for substance use.

### Your Responsibilities:

- Help the caseworker develop your Mutual Responsibility Agreement (MRA)/Outcome Plan and carry out the agreed-upon actions.
- Use your benefit amount in the best interest of your family. If you do not use it correctly, another person may be appointed to receive the benefit on your behalf and use it for you and your family.
- You cannot use or access the cash benefits on your EBT card in any casino or gambling establishment, liquor store or any establishment that provides adult oriented entertainment.
- If you quit or lose a job without good cause, the family will be ineligible for Work First Cash Assistance for a period of three months. The Job Quit penalty does not apply to Child only cases with a non-parent caretaker as the case head.
- Report changes in your situation within 10 calendar days from the date of the change. **Note:** Temporary absence of a child expected to be away more than 90 days must be reported within 5 days of the change. If you do not report a temporary absence your benefit will be reduced or terminated, as the child is no longer eligible to receive Cash Assistance unless there is a good cause for the absence.
- If you get Cash Assistance, you may need to complete a report of your household's income and situation every 3 months. If you get this report, you must fill it out and return it to the county department of social services by the deadline date printed on the form. If you get the report and fail to complete and return it, your benefits could stop.
- If anyone in your home is found guilty of an Intentional Program Violation for giving false information, they could be disqualified from receiving benefits, fined and/or placed in jail.
- **Disqualification periods are:**
  - **12 months for the first violation**
  - **24 months for the second violation**
  - **Permanently for the third violation**

### Information You Need to Know:

The Work First Program complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, religion, disability, or sex. The Work First Program does not exclude people or treat them differently because of race, color, national origin, age, religion, disability, or sex.

Work First Program:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Licensed sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
  - Provides free language services to people whose primary language is not English, such as:
    - Qualified interpreters
    - Information written in other languages

If you need these services, contact your local Department of Social Services

The U.S. Department of Health and Human Services (HHS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity). HHS does not exclude people or treat them differently because of race, color, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity).

If you believe that Department of Health and Human Services (HHS ) has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the [Office for Civil Rights Complaint Portal](#), or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW

Room 515F, HHH Building Washington,  
D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

### **Medical Assistance**

- The time standard for completing and processing a Medical Assistance application is 45 calendar days from the date of application. Exceptions to this 45-day time standard may apply; your caseworker will explain if applicable.

### **Your Rights:**

- Apply for retroactive Medicaid for up to 3 months prior to the date of your application.
- Request Medicaid transportation to your primary care physician or other medical appointments if receiving certain Medicaid coverage.
- Apply for a deceased individual.

### **Your Responsibilities:**

- Report changes in your situation within 10 calendar days from the date of the change.
- Report if you or a household member receiving Medical Assistance is in an accident.
- Provide third-party insurance information if applicable.
- Understand that any medical or financial records must be made available to the agency and the state by any provider from whom you and/or your children have received medical care services. You agree to the release of those records by those providers when requested by the agency and the state. The privacy of this information is protected by law.
- Understand you are giving the State of North Carolina permission to collect payments and share information with insurance companies or anyone else who is supposed to pay for your medical bills.
- Request medical transportation as far in advance of your appointments as possible.
- Understand if any resources are transferred out of the applicant's name without receiving fair market value for the resources, it could result in a period of ineligibility for long-term medical care, such as in a nursing facility, or for in-home care. All transfer of resources must be reported when making this application and any new transfers must be reported to the caseworker within 10 calendar days.

### **Special Assistance**

- The application processing time standard for Special Assistance is 45 days for individuals age 65 or older and 60 days for applicants who are under age 65.

### **Your Rights:**

- If approved for Special Assistance, you have the right to spend the Special Assistance benefit as needed when it is considered to be in your best interest of your health and safety. A substitute payee may be appointed for those individuals who cannot manage the payment. If you are receiving payment because you reside in an adult care home "best interest" means paying for your adult care home. If you are receiving Special Assistance In-Home, "best interest" is to use the payment for purposes related to your health and safety.

### **Your Responsibilities:**

- Report changes to your caseworker within 5 calendar days following the change in situation.

### **Refugee Assistance**

- The time standard for completing and processing a Refugee Assistance application is 30 calendar days from the date of application. Exceptions to this 30-day time standard may apply; your caseworker will explain if applicable.

### **Your Rights:**

- Receive a written description of your rights as a client of the Refugee Service provider and the provider's obligations to you.
- Receive a written summary of rules, expectations and other factors for the use of services, hours the services are available, termination of services and how to register complaints, grievances or appeals.

### **Your Responsibilities:**

- Participate in the development of and follow your Employability Plan and Family Self Sufficiency Plan.
- Report changes in your situation within 10 calendar days of when the change is known.

## **Food and Nutrition Services**

### **Information You Need to Know:**

- For information regarding the Teen Pregnancy Prevention Initiative contact your local Health Department or call the DHHS Customer Service Center at 1-866-719-0141. For information regarding services provided for Healthy Marriages contact your local agency.
- The time standard for completing and processing a Food and Nutrition Services application is 30 calendar days from the date of the application. Applications meeting the expedited services criteria should be processed within 7 calendar days from the date of the application. If you are applying for FNS and SSI at the same time from an institution the filing date is the date of release from the institution.

### **Your Rights:**

- Receive a discount on your telephone bill in certain situations. Contact your phone company for more information.
- Receive benefits in a timely manner.
- Receive a change report form telling what changes you are required to report.

### **Your Responsibilities:**

- Use the Food and Nutrition Services to buy only food items for home consumption. Improper use of the Food and Nutrition benefits could result into fines of up to \$250,000, imprisonment up to 20 years and/or being permanently disqualified from receiving Food and Nutrition benefits. You may also be ineligible for Food and Nutrition Services for an additional 18 months if court ordered.
- Do not trade or sell Food and Nutrition benefits.
- Do not use your Food and Nutrition benefits for someone else.
- Do not use your Food and Nutrition benefits to pay on any kind of credit account or to pay for food purchased on credit you will lose your benefits.
- If you use your food assistance benefits to buy nonfood items, such as alcohol, and cigarettes you will lose your benefits.
- **Don't** use someone else's Food and Nutrition Services for yourself.
- DO cooperate with state and federal personnel in a Quality Control review.
- If you lie, withhold or give wrong information knowingly this could reduce your benefits, or you may have to repay benefits, or may be subject to criminal prosecution or not able to get benefits for twelve or twenty-four months.
- If a court finds you guilty of trading Food and Nutrition Services for controlled substances, you will lose Food and Nutrition Services for 12 months the first time.
- If a court finds you guilty of buying, selling, or trading benefits \$500 more than, trading benefits for firearms, drug trafficking, ammunition, or explosives after August 22, 1996 you may lose Food and Nutrition Services forever.
- If a court finds you guilty of trading Food and Nutrition Services for controlled substances, you will lose Food and Nutrition Services forever the second time.

## **Energy Assistance**

- The time standard for completing and processing a Low-Income Energy Assistance Program (LIEAP) application is two business days after the receipt of all requested information.
- The time standard for completing and processing a Crisis Intervention Program (CIP) application is one business day if it is a life-threatening crisis and two business days for a non-life-threatening crisis.

**Your Rights:**

- The right to receive a utilities moratorium through the North Carolina Utilities Commission regarding disconnection/termination of services. Participating companies can be verified through the local department of social services.

**Your Responsibilities:**

- Understand it is against the law to make false statements and if done will be subject to prosecution.
- Return all requested information within 10 business days from the date of the request for the LIEAP program.
- Do not trade or sell Energy benefits through any Energy supplier for other goods or services.
- Give authorization for your utility company to release information regarding energy usage and bill payment for the last 12 months to agencies associated under LIEAP and CIP.
- Give the agency permission to verify any information necessary to determine your eligibility for LIEAP and CIP.

**Section 5: Program Statements of Non-Discrimination Food and Nutrition Services**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**  
Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334 Alexandria,  
VA 22314; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[FNCSIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNCSIVILRIGHTSCOMPLAINTS@usda.gov)

This institution is an equal opportunity provider.

**Energy Assistance**

No person shall on the ground of race, color, national origin, age, disability, religion, or sex (including pregnancy, sexual orientation, and gender identity) from participation in, be denied the benefits of, or be subjected to discrimination under, any program or activity funded in whole or in part with funds made available under this title. Any prohibition against discrimination on the basis of age under the Age Discrimination Act of 1975 or with respect to an otherwise qualified handicapped individual as provided in section 504 of the Rehabilitation Act of 1973 also shall apply to any such program or activity.

To file a complaint of discrimination you may contact:

Carlotta Dixon, MHS, CPM Section  
Chief  
Title VI/ADA-Civil Rights Coordinator  
NC Division of Social Services-Program Compliance  
North Carolina Department of Health and Human Services

919-527-6421 Office  
919-334-1198 Fax  
[Carlotta.Dixon@dhhs.nc.gov](mailto:Carlotta.Dixon@dhhs.nc.gov)

820 South Boylan Avenue, McBryde Building  
Raleigh, North Carolina 27603

If you are not satisfied with the outcome of the decision made by the state office, you may contact the agency listed below.

Department of Health and Human Services/Administration for Children and Families  
Office of Community Services/Division of Energy Assistance  
Low Income Home Energy Assistance Program (LIHEAP)  
Mary E. Switzer Building, 5th Floor  
330 C Street, SW  
Washington, D.C. 20201  
Phone Number: (202) 401-9351 Fax  
Number: (202) 401-5661

### Section 6: Voter Registration

If you want to register to vote or to update your registration, you can complete a voter registration form at [www.ncsbe.gov/nvra/01](http://www.ncsbe.gov/nvra/01), ask your caseworker or contact your local DSS for a voter registration form. **Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.** If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the North Carolina State Board of Elections, PO Box 27255, Raleigh NC 27611-7255 or you may call the toll free number, 1-866-522-4723.

### Section 7: Acknowledgment of Rights and Responsibilities

**I understand my rights and responsibilities as explained in the previous sections.**

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Caseworker: \_\_\_\_\_ Date: \_\_\_\_\_