

County Transfer

Date: _____

Aid Program/Category: _____

Case ID Number: _____

Co. Case Number: _____

Dear _____:

Since you moved to _____ County and plan to remain there on a permanent basis, we will end your assistance in this county on _____. You must report any changes in your situation to me prior to this date.

The _____ County Department of Social Services will be responsible for your case effective _____. You will need to contact that office to choose a Carolina Access provider for you and your family. The office is located at _____. The telephone number is _____.

Sincerely,

Income Maintenance Caseworker

Original: Recipient

CC: _____ County
Eligibility Record

MAF-C Job Bonus _____ to _____
MAF-C 1 Month (WFFA transfer) _____ to _____
MIC Continuous Eligibility _____ to _____
AAF pymt type 4 (4 mo. transitional) _____ to _____
AAF pymt type 5 (12 mo. transitional) _____ to _____
NCHC _____ to _____
Automatic Newborn _____ to _____