

WORK FIRST
Work First 24-Month Time Limit

Change # 08-2008

October 1, 2008

105A – WORK FIRST 24-MONTH TIME LIMIT

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I. WORK FIRST 24-MONTH TIME LIMIT

While families that include an adult are subject to the 60-month lifetime limit on receipt of TANF assistance, most families in North Carolina that include an adult **and** are active in Employment Services, are also subject to a 24-month time limit on the receipt of Work First assistance. This provision became effective in **August 1996**.

The 24-month time limit is a significant incentive for families to be focused and intensive in their efforts to prepare for and obtain stable, long-term employment that will support their families. The family's partner in this effort is the county department of social services.

For each month during which a family's 24-month clock is ticking, the county department of social services must also be making intensive efforts to assess, plan, and support the family's efforts.

After receiving 24 cumulative months of *Work First Family Assistance* **and** Employment Services in North Carolina, these families are ineligible for assistance as defined in Section 105, I., B.

These families are ineligible for 36 consecutive months following termination, unless an extension is granted. (See V. below for information on extensions and appeals.)

Months when a family received assistance in another state **do not** count against the 24-month time limit.

NOTE: Receipt of services that are not defined as assistance, as well as Emergency Assistance (EA) or Benefit Diversion, do not count against the 24-month or the 60-month time limit.

Each time a request is made for Work First assistance, check the Eligibility Tracking (ET) screen in EIS for each adult, and verify that the 24-month time limit has not been reached. If **any adult in the family** has received assistance for 24 months (cumulative) and 36 months have not passed since the last receipt of assistance, the family is not eligible to apply. *The family may, however, at any time during the 36 months of ineligibility, request an extension.* (See VI. below.)

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NOTE: During a family's 36 months of ineligibility, they may apply for and receive Services for families at or below 200% of poverty, Benefit Diversion and/or Emergency Assistance if they are eligible. Benefit Diversion, Services for families at or below 200% of poverty and Emergency Assistance are not an extension because they do not meet the definition of assistance.

II. STARTING THE 24-MONTH TIME CLOCK

Families are subject to the 24-month time limit on Work First benefits when they:

- Are receiving Work First Family Assistance with a payment type of 1, 2, or S (or services that meet the definition of assistance); **and**
- Have a work eligible adult with a work registration code of A, B, C, L, Q, **or** W; **and**
- Have a work eligible individual open and active in EPIS; **and**

NOTE: In some cases a work eligible individual may have been removed from the case in EIS due to noncooperation with Child Support and may be subject to the time limit but not active in EPIS.

- Are receiving supportive services or the county is attempting to work with the participant. (For months in which a participant did not complete any hours of participation, the county must have documentation of the county's efforts to provide Employment Services in order for the months to count against the 24-month limit.)

No other type of family is subject to the 24-month time limit on Work First Family Assistance benefits; however, they are still subject to the 60-month lifetime limit. North Carolina began counting cases on the 24-month time clock effective **August 1996**. Do not count months a family received benefits prior to this date.

Begin counting the 24-month time limit on Work First benefits in the month **following** the date an individual is activated in EPIS. A system-generated notification letter ([DSS-5290](#)) is sent to the family informing them about the 24-month time limit and identifying the month their 24-month time clock starts.

EXAMPLE: A work eligible individual began participating in Employment Services and was activated in EPIS in July. The family is notified automatically, and EIS begins tracking their 24-month time limit in August.

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When appropriate, EIS also tracks the required 36-month break in Work First (following termination).

EIS indicates the number of months a family has been subject to the 24-month time limit. Complete an inquiry into the Eligibility Tracking (ET) screen in EIS to determine the status of a family's time clock.

III. STOPPING THE 24-MONTH TIME CLOCK

Counties have some discretion in stopping a family's 24-month time clock. The assessment process should identify any supportive services that the family needs in order to participate. If at any time the county department **of social services** or other community resources are not able to provide needed services, the family's clock should be stopped.

Counties also must carefully evaluate participants' capability to participate full-time in work activities. Some participants will have physical, mental, or emotional barriers that make full-time work unrealistic. Counties have the discretion of stopping the 24-month time clock for such participants, while continuing to work with them in employment services. This will encourage these participants to work to the best of their ability while recognizing that their limitations may make the 24-month time limit an unrealistic requirement.

Document in the case narrative the decision to stop the clock and the reason, and maintain documentation of medical, psychological, or other assessments that support the decision.

A. Stop the 24-month clock when:

1. The work eligible individual(s) becomes ill, disabled or incapacitated or demonstrates limited physical or mental ability to progress toward self-sufficiency (as discussed above); **or**
2. Necessary supportive services (such as child care, transportation or reasonable accommodations necessary for participation) cannot be located or provided; **or**
3. The work eligible individual becomes exempt due to being the single parent of a child under 12 months of age (according to the guidelines stated in the county's Work First Plan); **or**
4. The work eligible individual(s) becomes ineligible for Work First.

The clock in these cases is stopped by changing the individual's work registration code in EIS to F, H, I, or S, whichever is appropriate.

NOTE: Even when the 24-month time clock is stopped for one of the above reasons, the 60-month time clock continues.

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The 24-month time clock is not stopped for temporary absences from work activities.

NOTE: In certain circumstances, a child who enters a **new** household may be able to receive Work First benefits even if the adults in the family in which he originally lived have been terminated from Work First due to the time limit. The time limit "follows" the adult (the participant who was active in EPIS), therefore, a child may enter a new household and be eligible in the new home. Also, if the adult whose 24-month time limit expired moves out of the household, the family may again apply for Work First.

B. 24-month Time Limit Waiver for Post-secondary Education

Recipients will have their 24-month time limit waived for up to 36 months when participating in post-secondary education with at least a 2.5 grade point average or its equivalent. **This does not affect the 60-month time limit or counting toward the Work Participation Rate (see [Section 118](#)).**

For the purposes of granting this waiver, post-secondary education is defined as instructional classes that are provided by an institution of higher learning and for which the student earns credit hours from the institution and receives a letter grade. This applies to persons who hold a high school diploma or its equivalent.

Whenever possible, categorize post-secondary education as defined above as Vocational Educational Training, as described in [Section 118](#). In these cases, it would be a countable work activity for participation rate purposes (EPIS Component "VT"). **Otherwise, post-secondary education is not a countable activity for participation rate purposes and does not meet the federal work requirement.**

There is no minimum number of hours in which participants must be enrolled to have their 24-month time limit waived. As with any other approved activity, enrollment in post-secondary education must be documented on the MRA Plan of Action.

For these participants, review their grades at the end of each term and delete from their eligibility tracking (ET) screen all months when they were enrolled and maintained a 2.5 grade point average or its equivalent.

NOTE: If the participant's 24-month time limit is due to expire *during a school term*, override the time clock via the ET screen and evaluate the participant's grades at the end of the term. (Overriding the clock prevents the case from automatically transferring to MAF-C.) If the participant *fails* to maintain a 2.5 grade average and the months need to be counted, send a timely notice and transfer to MAF-C due to expiration of the 24-month time limit. (See [Family and Children's Medicaid Manual](#).)

IV. REVIEWING CASES AND ADJUSTING THE 24-MONTH TIME CLOCK

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Special attention must be paid to cases on the 24-month time limit during months -12, 18 and 24 as discussed below. A time line for evaluating and assessing these cases is included as [Figure 105A-1](#).

A. Cases on the 24-month Time Clock

Cases on the 24-month time clock should be evaluated monthly for accuracy. Use the monthly report in NCXPTR entitled 'DHREJA 24 Month Time Clock' to determine which cases to review.

When cases are identified with 18 months on the time clock, review each case to determine whether months on the time clock are accurate. To do this, review the employment services case record and the employment/ component history in EPIS. Pay special attention to months in which no activity is reported in EPIS. The [DSS 5299](#) may be used as the checklist for this review.

The following guide may assist the caseworker in determining whether an adjustment is needed to a family's 24-month time clock.

- Was the client offered employment services for the report month and refused to participate in any activity? If yes, add those months to the time clock, if necessary, if the participant was informed the time clock would start. (The participant is notified that the clock will start when he/she signs the Mutual Responsibility Agreement Plan of Action.

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- Was a Mutual Responsibility Agreement Plan of Action developed with activities and supportive services outlined for the report month? If no, remove those months from the time clock.
- Was the client's work registration code correct (A, B, C, L, Q or W) to trigger the time clock? If no, add those months to the time clock if the participant was informed the time clock would start. (The participant is notified that the clock will start when he/she signs the Mutual Responsibility Agreement Plan of Action.
- For suspension months and zero pay cases, did the family receive assistance as defined at 105, I., B.? If no, remove those months from the time clock.

Answering these questions will help the caseworker determine whether the 24-month time clock needs to be adjusted and will ensure cases are not incorrectly terminated from Work First. When the caseworker determines that an adjustment should be made to the 24-month time clock, follow the instructions in the Work First User Manual. Anyone with update capability in EIS can make changes to the time clock. The caseworker must notify the participant when adjustments are made to the time clock.

B. Reassessment of Cases Within Six Months of Termination

No later than the end of the 18th month, all cases on the 24-month time limit must be given a full assessment. The assessment must address family strengths, needs, and barriers to employment. It should thoroughly explore all community resources available to assist the family in moving toward self-sufficiency before their time limit expires.

The results of this assessment must be documented in the case record and are expected to include an updated MRA Plan of Action.

Cases in the final six months of eligibility should be given first priority for employment services.

C. Cases Approaching the 24th Month on the Time Clock

On Pull Night during the 21st month, when the 22nd check is to be mailed, an automated notice ([DSS-8220A](#)) is produced informing the family that their Work First payment will soon terminate and notifying them of their right to appeal or request an extension. The notice also informs them of benefits for which they may be eligible after their time limit expires.

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During the 24th month:

- Determine eligibility for Medicaid and transfer to Medicaid or terminate the case (If no determination is made by the pull-check deadline for month 24, the case automatically transfers to MAF-C for the remainder of the payment review period or two months, whichever is greater.); **and**

NOTE: If the only change affecting eligibility is the expiration of the time limit, transfer the case to MAF-C for the remainder of the existing payment review period. No separate eligibility determination is required. See the Family and Children's Medicaid Manual.

- Complete a case summary, ([DSS-5292](#), The Work First Participation Summary, as a suggested form.) and file it in the case record. If the review shows that one or more months need to be removed from the 24-month clock, adjust the clock via the ET screen and notify the family of the new expiration month; **and**

Notify the Food and Nutrition Services worker of the family's Work First termination.

V. APPEALS AND EXTENSIONS

When a family has reached the end of their time limit, they may request an appeal or an extension. If they believe that the clock is in error and that they still have months remaining on their time limit, they should request an **appeal**. If they agree that the months on the time clock are correct and they want to ask for additional months of assistance, they must request an **extension**.

A flow chart of the appeal and extension processes is shown in [Figure 105A-2](#).

A. Appeals

If the family disagrees with the number of months on the time clock and believes their Work First case should not be terminated, they may appeal the action taken to terminate their case. Follow the regular local and State appeals process. Refer to the Work First Manual, [Section 264](#), for information on appeals.

If the family was **denied an extension** of benefits by the county Board of Social Services or its Designee and requests an appeal of the decision, the appeal is held at the State level following the regular appeals process. The family must request a State level appeal within 15 days of being notified of the local extension decision. If the decision is overturned at the State level, the State Hearing Officer must determine the number of extension months. Refer to the Work First Manual, [Section 264](#), for information on appeals.

If the family is receiving benefits at the time they request an appeal, benefits are continued, pending a decision by the local hearing officer.

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If the family is not receiving benefits at the time of the appeal request, benefits are not given/continued, pending a decision by the local hearing officer. Refer to the Work First Manual, [Section 264](#), for information on appeals.

B. Extensions

The county must complete the extension hearing process and issue benefits or send a denial notice within 45 days from the date of the extension request.

Families may request an extension to their Work First benefits:

- When they are notified of the proposed termination of their Work First benefits; **or**
- At *any time* following termination in month 24. (This includes any period within the 36 months of ineligibility.) Requests for Work First after the 36 consecutive months of ineligibility are reapplications.
- There is no limit to the number of extensions a family can request during the 36 months after receiving 24 cumulative months of Work First.
- Extension hearings are held before the county Board of Social Services or its Designee.
- For extension requests, benefits **are not continued** pending a decision by the county Board of Social Services or its Designee.

VI. REQUESTING AN EXTENSION

There is no limit on the number of extension requests a family may make. However, months granted for an extension are counted in the family's 60-month lifetime limit and must not exceed this federal limit.

The family must request an extension from the county department of social services in the county in which they reside at the time of the request.

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A. The Role of the Family

The family:

- May request an extension to the months of Work First benefits verbally or in writing; **and**
- May request information from the case file to help prepare their case for the extension hearing (Refer to B. below for what information the county can provide.); **and**
- May choose to attend or not to attend the extension hearing; **and**

NOTE: The family's choice not to attend the extension hearing does not prevent the hearing from being held.

- May delay the extension hearing one time unless additional delays are related to the provision of reasonable accommodations; **and**
- May have anyone present at the extension hearing, such as legal counsel obtained at their expense; **and**
- May present, at the hearing, new information not previously provided to the county department of social services; **and**
- **Must** provide the information needed to determine their current eligibility within ten calendar days of the county's request for information.

B. The Role of the Worker

When a family requests an extension to their Work First benefits, the extension hearing must be completed and, if granted, benefits issued within 45 days of the request if the family meets all eligibility requirements.

If the extension is denied by the county Board of Social Services or its Designee or if the family does not meet the eligibility requirements, a denial notice ([DSS-5300](#)) must be sent within 45 days of the date of the extension request.

The following actions must be taken when an extension request is made.

- Check the Eligibility Tracking screen in EIS to determine if the family has received 24 cumulative months of Work First benefits in North Carolina.

If the family **has not** received 24 cumulative months of Work First benefits in North Carolina or the 36 consecutive months of ineligibility have passed, the family's request for additional Work First is a **reapplication**. Follow the procedures for Work First Family Assistance reapplications.

If the family **has** reached the 24 cumulative month time limit, complete the Extension Hearing Request form ([DSS-5301](#)) and gather the information

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necessary for the extension hearing. When possible, this includes information to determine eligibility; **and**

- Refer the family to the county Board of Social Services or its Designee to schedule an extension hearing as soon as possible after the extension request is made to ensure the 45 day time frame is met; **and**
- Give or send the family the Notice of Extension Hearing ([DSS-5288](#)) indicating the date, time, and location of the hearing; **and**
- Provide information requested by the family from the case file to assist them in their preparation for the extension hearing. This does *not* include confidential third-party information.

C. The Role of the County Board or its Designee

The county Board of Social Services or its Designee must maintain confidentiality with regard to the extension hearing process. This means that extension hearings must be closed sessions before the county Board of Social Services or its Designee.

The county Social Services Board or its Designee must evaluate each case to determine if the family's net household income is less than the maximum Work First payment for the family size.

To calculate the family's income:

- Subtract 27.5% of the gross earned income as a work-related expense allowance; **and**

EXAMPLE:	Person # 1	Person #2
Gross Monthly Earnings	\$100.00	\$200.00
Work Related Deduction	-27.50	-55.00
<i>Net Earnings</i>	\$ 72.50	\$ 145.00

- Add each individual's net earned and unearned income; **and**

EXAMPLE:	Person # 1	Person #2
<i>Net Earnings</i>	\$ 72.50	\$ 145.00
Unearned Income	25.00	0.00
Total Income Per Person	\$ 97.50	\$ 145.00
TOTAL INCOME FOR THE FAMILY = \$242.50		

- Compare the total income to the maximum Work First Family Assistance payment for the family size.

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EXAMPLE:

Total Family Income = \$242.50
Number in the Family Unit = 3
Maximum Work First Payment Amount for 3 = \$272.00

- If the total income is greater than or equal to the State's maximum payment for the family size, the family has a net income of at least the State's maximum Work First payment for the family size the family is not eligible for an extension.
- If the total is less than the State's maximum payment for the family size, the family does not have a net income of at least the State's maximum Work First payment for the family size, the family may request an extension.

EXAMPLE:

Total Family Income = \$242.50
Number in the Family Unit = 3
Maximum Work First Payment Amount for 3 = \$272
Is the income (\$242.50) greater than or equal to the maximum Work First payment amount for 3 people (\$272)?
No. Therefore, this family meets the income test for an extension.

VII. GRANTING AN EXTENSION

When it grants an extension, the county Board of Social Services or its Designee must also determine the length of the extension and specify when the extension begins and ends. Each extension must be a minimum of one month to a maximum of six months.

Extension months are *additional* months of Work First benefits and must not be given for months the family has already received Work First benefits.

Extension months may be retroactive only to the month the family **requested** the extension, provided the family is eligible and has not already received Work First benefits in that month.

There is no limit on the number of extensions that can be granted providing the family does not exceed the federal lifetime limit of 60 months of assistance. However, to receive additional benefits, the family must meet all Work First eligibility criteria.

A. The Role of the County Board of Social Services or Designee

The county Board of Social Services or its Designee may grant the extension when it is determined that:

- The Work First active participant substantially complied with all provisions of their Mutual Responsibility Agreement, considering good cause exceptions listed below; **and**

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- The Work First active participant, through no fault of their own, is unable to obtain or maintain employment that provides a net income of at least the State's maximum Work First payment for the family size.

Good Cause is defined as:

- Disability or incapacity of the caretaker as substantiated by a doctor's statement **or** the receipt of disability benefits of any type (Supplemental Security Income, Social Security, etc.).
- Incapacity is defined as a physical or mental condition, illness, or impairment that substantially reduces or eliminates the parent's ability to support or care for a child.
- Disability of a child or other family member which requires the caretaker to remain at home and provide care. (This must be substantiated by a doctor's statement.)

Counties should explore the possibility of other available services to assist with this care, therefore allowing the caretaker to participate in employment services.

- A family crisis or change including, but not limited to, the death of a spouse, parent, or child.
- A lack of necessary child care.
- The only available employment does not meet basic requirements of health and safety as determined by the county board.
- Other unique circumstances as determined by the county Board of Social Services or its Designee which prevents the Work First active participant from obtaining or retaining employment.

The county Board of Social Services or its Designee completes its portion of the Extension Request Form and returns it to the Work First supervisor as soon as possible after a decision has been reached. (See [DSS-5301](#))

B. The Role of the Worker

When the caseworker receives notification that the extension has been granted:

- Determine the family's eligibility for Work First using the [DSS-8228](#) or comparable instrument. Follow all Work First eligibility criteria, including signing a Mutual Responsibility Agreement(s).

Request information needed to determine the family's eligibility for Work First. Give the family ten calendar days to provide the information. As a reasonable accommodation, individuals with disabilities are entitled to additional time and/or assistance with obtaining needed information. All families should be informed of the rights of individuals with disabilities to

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receive such assistance. If the information is not received by the deadline, treat the request for additional months of Work First as a denied application due to applicant's failure to provide necessary information. Send a [DSS-8109](#), Notice of Denial of Benefits. Evaluate the family for any appropriate Family and Children's Medicaid programs.

- If the family is eligible, complete and mail a manual [DSS-8108](#), Notice of Benefits, to the family approving the additional months of Work First benefits. Remember, even though an extension may be granted by the county Board of Social Services or its Designee, the family must meet all Work First eligibility criteria. (Refer to VIII. below for information on denying an extension.)

The notice must:

1. Inform the family of the board's decision;
 2. Show the length of the extension;
 3. Show the amount of the assistance check; **and**
 4. Give instructions detailing when the family's situation must be reevaluated.
- Approve an administrative reapplication for the months of the extension. The application date is the first day of the first month of the extension.
 - Enter a "Y" in the override field on the Eligibility Tracking (ET) screen.
 - Notify the Food and Nutrition Services worker of the extension, or inform the family of the Food and Nutrition Services application process.

C. The Role of the Family

The family is responsible for providing all information necessary to determine their eligibility for Work First within ten calendar days of the county's request for the information. As a reasonable accommodation, individuals with disabilities are entitled to additional time and/or assistance with obtaining needed information. All families should be informed of the rights of individuals with disabilities to receive such assistance.

If eligible for Work First, the family is subject to all of the terms and conditions of the regular Work First Program, including compliance with the Mutual Responsibility Agreement, sanctions, and time limits.

If the family was granted an extension but they do not meet the Work First eligibility requirements, complete and mail a manual [DSS-8109](#). Evaluate the family for any appropriate Family and Children's Medicaid programs.

VIII. DENYING AN EXTENSION

A. The Role of the County Board of Social Services or Designee

The county Board of Social Services or its Designee must deny the extension when it is determined that:

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- The Work First participant failed to substantially comply with the Mutual Responsibility Agreement Plan of Action without good cause. (See below.); **or**
- The Work First participant was dismissed from a job or demoted from a position with cause; **or**
- The Work First participant voluntarily quit a job without good cause (See below.); **or**
- The Work First participant failed to accept a *bona fide* job offer without good cause (See below.).

Good Cause is defined as:

- Disability or incapacity of the caretaker as substantiated by a doctor's statement **or** the receipt of disability benefits of any type (Supplemental Security Income, Social Security, etc.).
- Incapacity is defined as a physical or mental condition, illness, or impairment that substantially reduces or eliminates the parent's ability to support or care for a child.
- Disability of a child or other family member which requires the caretaker to remain at home and provide care. (This must be substantiated by a doctor's statement.)

Counties should explore the possibility of other available services to assist with this care, thereby allowing the caretaker to participate in employment services.

- A family crisis or change including, but not limited to, the death of a spouse, parent, or child.
- A lack of necessary child care.
- Other unique circumstances as determined by the county Board of Social Services or its Designee which prevents the Work First participant from obtaining or retaining employment.

B. The Role of the Worker

When the caseworker is notified that the extension has been denied, complete and mail a Notice of Denial of Extension ([DSS-5301](#)) to the family. This notice must inform the family of the county Board of Social Services or its Designee's decision and the reason for the decision.

NOTE: This form is used in this situation because an appeal of a denial of extension is heard at the State level, and the deadline for requesting a State-level hearing is 15 days, not the 60 days stated on the [DSS-8109](#).

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C. Reporting Extensions

The NC Department of Health and Human Services will monitor all Work First extensions. County departments of social services must complete a report each month on the number of extensions requested, granted, and denied during the previous month (See DSS-5302.). This report must be mailed or faxed no later than the tenth of each month to:

Work First Extension Reports
Family Support Child Welfare
325 North Salisbury Street
2439 Mail Service Center
Raleigh, North Carolina 27699-2439
Fax: (919) 715-0766

Any necessary follow-up or consultation will be on a case-by-case basis.

IX. CASES APPROACHING THE END OF THE EXTENSION PERIOD

When an extension is granted for one or two months and the family is eligible, approve an administrative reapplication as an open/shut case. When extensions are granted for three or more months, key a '4' and the month and year the extension period ends in the SPECIAL REVIEW Field on the DSS-8125. One month prior to the end of the extension period, EIS will display the message, "Income to end," on the Case Management Report.

At that time, the caseworker will complete and mail a timely notice giving the date the Work First Family Assistance ends. If the family is receiving food and nutrition services, notify the Food and Nutrition Services Unit of the termination of Work First Family Assistance.

Evaluate all family members for Medicaid eligibility. If the caseworker is unable to determine Medicaid eligibility before Work First terminates, transfer the case to one-month MAF-C until eligibility can be determined.

NOTE: A family may request another extension at this time or anytime during their 36-month period of ineligibility.

X. FAMILIES MOVING FROM ANOTHER COUNTY

A. The Role of the Family

Families *must* request an extension of Work First benefits in the county in which they live. The request can be verbal or written.

B. The Role of the County

When the caseworker receives a request for Work First benefits, check the Eligibility Tracking (ET) screen in EIS to determine if the family has received 24 cumulative months of Work First benefits in North Carolina.

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If the family **has not** received 24 cumulative months of Work First benefits in North Carolina or the 36 consecutive months of ineligibility have passed, the family's request for additional Work First is a **reapplication**. Follow the procedures for Work First reapplications.

If the family **has** received 24 cumulative months of Work First benefits in North Carolina **and** it is within the 36 consecutive months of ineligibility, their request for additional Work First benefits is an **extension request**.

Contact the county where the family last received Work First, as soon as possible, to request needed information and ensure the 45-day extension hearing time frame is met.

That county must ensure the file contains complete documentation about the case. If the case record does not contain a detailed narrative, the county must provide a summary of the case before sending the record to the county. (See [DSS-5292](#), The Work First Participation Summary, for a suggested summary format.)

The county must forward the file to the county within five working days.

The extension hearing *must* be held by the Board of Social Services or its Designee in the county where the family is living due to possible changes in the family's situation.

The extension hearing must be completed and benefits approved or a denial notice sent by the county in which the family is living within 45 days of the extension request. Counties *must* work together to ensure this time frame is met.

In cases of dispute, the receiving county may contact their Work First Representative to help resolve the dispute.