



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Social Services
SOCIAL SERVICES COMMISSION

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
SUSAN G. OSBORNE • Deputy Secretary for Opportunity & Well Being
DREW T. PLEDGER • Chair

**CONGRATULATIONS ON YOUR NOMINATION FOR APPOINTMENT TO THE
_____ COUNTY BOARD OF SOCIAL SERVICES**

This is one of the most important volunteer appointments to a board the county has to offer, and your service will be subject to the following conditions and requirements:

- **YOU MUST BE WILLING** to serve as an advocate for the interest of the County Department of Social Services, employees of the County Department of Social Services and the clients of the County Department of Social Services.
- **YOU MUST BE WILLING** to work to increase public understanding, acceptance and support of social services programs by being a liaison between the County Department of Social Services, public officials and the public at large.
- **YOU MUST BE WILLING** to promote closer working relationships between the Social Services Board and the County Commissioners.
- **YOU SHALL BE EXPECTED** to be prepared for all Board of Social Services meetings by reading advance materials prior to the board meeting.
- **YOU SHALL BE EXPECTED** to attend educational training related to board member duties and responsibilities and to attain a working knowledge of the many services offered by the County Department of Social Services.
- **YOU SHALL BE EXPECTED** to devote the time, attention and effort needed to fulfill board member duties and participate actively and constructively in the business of the Social Services Board.
- **YOU SHALL BE EXPECTED** to attend the Social Services Board meetings and other public meetings as necessary in support of the Social Services Board and the County Department of Social Services.
- **YOU SHALL BE EXPECTED** to be informed concerning facts related to social and economic needs of the community.
- **YOU SHALL BE EXPECTED** to review UNC School of Government Social Services Boards: Frequently Asked Questions before you are appointed to the board. FAQ's can be found at the following website
<https://www.sog.unc.edu/resources/faq-collections/social-services-boards-frequently-asked-questions>

I UNDERSTAND THE ABOVE CONDITIONS AND AGREE TO ADHERE TO THE CONDITIONS AND REQUIREMENTS IF APPOINTED TO SERVE:

SIGNATURE OF NOMINEE: _____

**G.S. 108A-1-11
 NOMINEE APPLICATION FOR APPOINTMENT BY THE SOCIAL SERVICES COMMISSION
 TO THE _____ COUNTY BOARD OF SOCIAL SERVICES**

TERM: _____

ANSWER ALL QUESTIONS TO BE CONSIDERED FOR APPOINTMENT - DO NOT SEND RESUME, EXCEPT AS ATTACHMENT ONLY

Last Name:		First Name:		Middle Name:
Street Address:				
City:		State:	Zip Code:	County Of Residence:
Email Address:				
Home Telephone: ()		Business Telephone: ()		Cell Telephone: ()
Ethnic Background: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other (Specify):				
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Nominee's Age: (AGE OF NOMINEE MUST BE INCLUDED ON APPLICATION)		
Education Background: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Graduate School Please List All Degrees:				
Have you ever been convicted of an offense against the law other than a minor traffic violation? The offense and how recently you were convicted will be evaluated. <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, explain fully on an additional sheet)				
Occupation or Former Occupation If Retired:				
Related Experience (Boards & Volunteer Services Past 5 Year History):				
Boards & Volunteer Services (Currently Serving):				
Current Community Interests & Activities (List any awards or recognitions):				
Is the nominee a current County Social Services Board Member? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give dates and county: _____				
If NO, has nominee served previously on a County Social Services Board? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give dates and county: _____				
Is the nominee currently a County Commissioner: <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, do you plan on running for office in the near future? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Is the nominee a former employee of the DSS? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, When? _____				
Does the nominee have an immediate family member working for the County Department of Social Services in the same county? "Immediate family member" for the purpose of the appointment is defined as a spouse, parent, sibling, child, grandparent, grandchild, stepparent, stepchild, mother-in-law, father-in-law, daughter-in-law, brother-in-law, sister-in-law, aunt, uncle, niece or nephew. <input type="checkbox"/> YES <input type="checkbox"/> NO				
Briefly explain why you wish to serve on this Board and how you will assist the work on the Board:				

**RESTRICTIONS
COUNTY SOCIAL SERVICES BOARD MEMBERSHIP**

G.S. 108A-3 Residential Qualifications

Each member of the county social services board "... shall be bona fide residents of the county from which they are appointed to serve."

G.S.108 A-4 Terms of Appointment

"Each member of a county board of social services shall serve for a term of three years. No member may serve more than two consecutive terms. Notwithstanding the previous sentence, the limitation on consecutive terms does not apply if the member of the social services board was a member of the board of county commissioners at any time during the first two consecutive terms and is a member of the board of county commissioners at the time of reappointment."

G.S. 108A-6: Member Filling an Unexpired Term

All appointments made to fill vacancies "... shall be for the remainder of the former member's term of office and shall not constitute a term for the purposes of G.S. 108A-4."

G.S. 108A-47 State/County Special Assistance for Adults - Limitations on Payments

"No payment for assistance ... shall be made for the care of any person in an adult care home that is owned or operated in whole or in part by ... a member of any county board of social services."

G.S. 108A-55 Medical Assistance Program – Payments

"No payments shall be made for the care of any person in a nursing home or intermediate care home which is owned or operated in whole or in part by a member of ... any county board of social services ..."

G.S. 128-1.1: Dual-Office Holding Allowed

Any person who holds an elective or appointive office in State or local government is authorized by the General Assembly, pursuant to Article VI, Sec. 9 of the North Carolina Constitution to hold concurrently one other appointive office, place of trust or profit, in either State or local government.

10A NCAC 68 .0301 Employment of Relatives of County Board Members

"No person shall be considered for employment in a county department of social services during the time a member of his immediate family is serving on the county board of social services or the board of county commissioners in the same county. **This regulation in no way effects the status of a person who is already an employee of a county department of social services and of whose immediate family member becomes a candidate for or is appointed or elected to the county board of social services or the board of commissioners of the same county.** (emphasis added) 'Immediate family member,' is for purposes of this Regulation defined as a spouse, parent, sibling, child, grandparent, grandchild, stepparent, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, or nephew."

Do You or Your Business Receive Funds of any Type from the DSS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do You Have a Current Contract for Services with DSS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, Explain: _____			
I HAVE READ THE ABOVE RESTRICTIONS ON SERVING ON A COUNTY BOARD OF SOCIAL SERVICES AND UNDERSTAND THE RESTRICTIONS AND DO NOT BELIEVE MY APPOINTMENT WILL VIOLATE ANY OF THE STATUTES OR RULES LISTED ABOVE. I AGREE TO SERVE IF APPOINTED.			
SIGNATURE OF NOMINEE: _____		DATE: _____	
RECOMMENDED BY: First Name: _____ Last Name: _____			
Organization/Position: _____		Telephone Number: _____	
Address: _____			
IF SUBMITTED BY SOMEONE OTHER THAN NOMINEE, SUBMITTED BY:			
<u>PLEASE MAIL APPLICATION TO:</u> Division of Social Services Social Services Commission 2444 Mail Service Center Raleigh, North Carolina 27699-2444		<u>OR EMAIL APPLICATION TO:</u> Danielle.Upchurch@dhhs.nc.gov <u>OR FAX APPLICATION TO:</u> 919-334-1018	
Note: Please verify that Nominee's Signature is affixed to pages 1 and 3 of this application. At time of submission, applications are considered incomplete if signatures or pages of application are missing.			