



Guilford County DSS  
P.O. Box 3388  
Greensboro, NC 27402-3388

casepersone particmale  
111 main street  
Raleigh, NC 27560

## Notice of Denial

### **YOUR APPLICATION FOR BENEFITS IS BEING DENIED OR WITHDRAWN**

Please read this section of the form carefully.

Case ID: 111061763

Application Date: 04-19-2022

Aid Program Category: Refugee Medical Assistance

Your application for Refugee Medical Assistance is denied because: Your medical expenses do not indicate you will meet your deductible within your certification period. If your medical expenses increase, reapply. The State rules used to make this decision are in Chapter II of the Refugee Manual.

**PLEASE CONTINUE READING FOR IMPORTANT INFORMATION REGARDING YOUR RIGHTS TO A HEARING.**



**YOUR RIGHT TO A HEARING AFTER THE CHANGE IS MADE**

Even after your benefits stop or are changed, you have sixty (60) calendar days, that is until 06-18-2022, to ask for a hearing. If you do not ask for a hearing by then, you cannot have a hearing. You may reapply for benefits at any time. To protect your rights, you may both reapply and ask for a hearing.

**Calling your worker may fix the problem. Did you miss an appointment or fail to return a form or other information?**

- You can:
1. Call your caseworker to reschedule your appointment or see what you can do.
  2. Return the form or other information immediately. Be sure you answer every question. Be sure you provide any proof of income.
  3. If your case has already been closed, call your caseworker to see what you can do.

**Did you not do something your caseworker asked you to do?**

You can call your caseworker to explain why and try to solve the problem.

**Did your caseworker make a mistake or has your situation changed?**

Call your caseworker right away.

**Is there still a problem? You can ask for a hearing.**

If you think we are wrong, or you have new information, you have the right to a hearing. You must ask for this hearing within 60 days (or 90 days if you have a good reason for delay). This hearing is a meeting to review your case and give you the correct benefits if it was wrong. Call or write your caseworker to ask for a hearing. 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. Then, if you think the decision in the local hearing 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 on Work First and you live in certain counties, the second hearing is before a county official.

**Did you know you have the right to be represented?**

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 866- 219-5262 toll free.

**If you have additional questions or concerns**, contact your caseworker for information, or call the DHHS Customer Service Center toll free at 800- 662-7030. TDD/Voice for the hearing impaired is also available through the number. The hours are 8:00am-5:00pm, Monday-Friday, excluding State holidays.

**Did you know you have the right to see your record?**

If you ask, your caseworker will show you (or the person speaking for you) your benefits record before your hearing. If you ask, you may also see other information to be used at the hearing. You can get free copies of this information. You may see this information again at your hearing.

**Do you understand your rights?**

Do you understand how to get a hearing? If you have any questions, please contact your caseworker as soon as possible.

**Beware of Fraud!**

Don't forget to report all changes to your county department of social services within 10 calendar days. If you don't know whether a change is important, ask your caseworker. If you do not truthfully report information and changes, you may be guilty of a misdemeanor or felony.

**Notice to Cash Assistance Clients Whose Benefits Have Stopped:**

Unless you ask the Child Support Enforcement Agency to stop the child support services, you will continue to receive them. If you choose to stop services, but later reapply for services within thirty (30) days, you will not be charged an application fee. Contact your county department of social services for the name and telephone number of the Child Support Enforcement Agency in your county.

**Please tell us if you need assistance because you do not speak English or have a disability.**

Free language assistance and/or other aids and services are available upon request. To receive free interpreter services, call 866-719-0141 or call your local DSS office. After the recorded message, you will reach an operator who will provide you with an interpreter. If you have a disability and need communication assistance, call 866-719-0141 or Relay Services: 711.

**North Carolina Division of Social Services (NC DSS) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, sex, religion, creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by U.S. Health and Human Services.**