



North Carolina Department of Health and Human Services
Division of Social Services

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Wayne E. Black
Division Director

April 8, 2014

RE: Program Integrity Survey

Dear County Director of Social Services:

The United States Department of Agriculture (USDA) will be conducting a Management Evaluation (ME) of the North Carolina Food Nutrition Services Program in June 2014. As part of the ME, USDA will focus on Program Integrity activities conducted across the state. In an effort to respond to audit questions, information regarding Program Integrity Plans and Initiatives must be collected for each county.

Please complete the attached survey about your county's Program Integrity structure and process and return to Myra Fuller-Jordan at Myra.Jordan@dhhs.nc.gov by close of business on **Wednesday, April 23, 2014**. If you have questions, contact Betsy Moore at 919-527-6316 or Betsy.E.Moore@dhhs.nc.gov.

Thank you for your cooperation in providing this information.

Sincerely,

A handwritten signature in cursive script that reads "David Locklear".

David Locklear, Acting Chief
Economic and Family Services

EFS-FNSEP-06-2014

Economic and Family Services
www.ncdhhs.gov • www.ncdhhs.gov/dss
Tel 919-527-6300 • Fax 919-334-1265

Location: Hargrove Building/Dix Campus • 820 S. Boylan Avenue • Raleigh, NC 27603
Mailing Address: 2420 Mail Service Center • Raleigh, NC 27699-2420

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Program Integrity Survey

_____ County

Return to Myra Fuller-Jordan at Myra.Jordan@dhhs.nc.gov by close of business on **Wednesday, April 23, 2014.**

1. Do you have a designated Program Integrity unit or Staff? ____ Yes ____ No

If Yes, how many investigators do you have? _____

If No, please explain who conducts investigations in your county.

2. Is there a designated Program Integrity Supervisor? ____ Yes ____ No

Name of Supervisor _____

If No, who and what position supervises Program Integrity?

3. Check each program your county currently investigates.

____ FNS ____ WFFA ____ MA ____ Child Care ____ Other

If Other, what programs? _____

4. Does your county refer cases to the Local District Attorney for prosecution? ____ Yes ____ No

If No, why not? _____

5. Does your county have a written Fraud Plan? ____ Yes ____ No

If Yes, please submit Plan with completed survey.

County Director Signature or Designee

Title

Date