

**WORK FIRST PROGRAM  
Benefit Diversion Survey  
STATE FISCAL YEAR 2017 - 2018**

1. County Name: \_\_\_\_\_

2. Will your county offer Benefit Diversion to Work First applicants?

Yes     No

3. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Program Manager or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of DSS Director or Designee

\_\_\_\_\_  
Date

Submit this document no later than **May 1, 2017** via the following:

**Email:** [Mekella.Anthony@dhhs.nc.gov](mailto:Mekella.Anthony@dhhs.nc.gov) (Please type BD Survey 17-18 in Subject Line)

**Fax:** (919) 334-1265 (Attn: Mekella Anthony) or

**Mail:** NC Division of Social Services  
Economic and Family Services  
Attn: Mekella Anthony  
2420 Mail Service Center  
Raleigh, NC 27699-2420