



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

325 North Salisbury Street
2420 Mail Service Center • Raleigh, North Carolina 27699-2401
Courier # 56-20-25

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Pheon E. Beal, Director
(919) 733-3055

June 26, 2003

**Re: WORK FIRST APPLICANT SURVEY
July 2003**

Dear County Director of Social Services:

Attention: Work First Supervisors and Program Administrators

The Employment Programs Committee of the North Carolina Association of County Directors of Social Services voted to complete the statewide survey of applicants for Work First or Benefit Diversion assistance during July 2003. The information provided in previous surveys has been a valuable source of information concerning the families seeking cash assistance. Information collected can also form the basis for enhanced assessment as local staff begin to work with these families.

We are again requesting your assistance in collecting characteristic and causal factor information on individuals for whom your staff completes applications for Work First and Benefit Diversion during July. The attached survey, which can be keyed electronically or manually checked, provides us with information currently unavailable through our automated systems. Attached is a survey form, which can also be accessed online at <http://www.dhhs.state.nc.us/dss/dcdl/section/perman.htm>. Each worker should record applicant information obtained through the interview process for up to ten applicants per survey form identified by the numbers across the top and targeted characteristic/causal factor in the left column. For each case, check one of the categories "Single Parent", "2 Parent Case" or "Child Only" and all factors applicable to that individual/case.

At the end of July, please compile the results of all individual survey forms into one document per county. Mail or email to Dale Crocker, Performance Reporting Section by August 10, 2003. You may contact Dale Crocker at (919) 733-4530 or by email at dale.crocker@ncmail.net. Contact your Work First Representative if you have questions regarding this request.

Sincerely,

A handwritten signature in black ink that reads "Wilbert R. Morris".

Wilbert R. Morris
Associate Director
Performance Management/Quality Assurance

Attachment
PM-PRA-03-2003

WORK FIRST APPLICANT SURVEY

Month/Year _____ COUNTY DSS

WORKER _____ DATE(S) _____

*INSTRUCTIONS: FROM INTERVIEW OR INFORMATION OTHERWISE KNOWN TO WORKER,
PLEASE CHECK ALL BOXES THAT APPLY.*

APPLICANTS

CHARACTERISTICS/ CAUSAL FACTORS	1	2	3	4	5	6	7	8	9	10
<i>SINGLE PARENT</i>										
<i>2 PARENT CASE</i>										
<i>CHILD ONLY</i>										
UNDOC ALIEN										
MARRIED										
1 ST APPLICATION- NEWBORN										
CHILD CARE – WAIT LIST										
CHILD CARE- CAN'T FIND SLOT										
CHILD CARE – CAN'T AFFORD										
REDUCED WORK HOURS										
LAYOFF/PLANT CLOSED										
LOST JOB-QUIT										
LOST JOB-FIRED										
SEASONAL JOB ENDED										
CAN'T FIND JOB										
UIB ENDED										
LACK OF EDUCATION/WORK EXPERIENCE										
MOVED FROM ANOTHER COUNTY										
MOVED FROM ANOTHER STATE/COUNTRY										
FAMILY VIOLENCE										
CHILD SUPPORT-NO ORDER/COLLECTIONS										
CHILD SUPPORT STOPPED-AP LOST JOB										
LOSS OF SPOUSE OR SIGNIFICANT OTHER- SEPARATION/DEATH										
INCARCERATION										
PHYSICAL/MENTAL ILLNESS										
TRANSPORTATION										
HOUSING PROBLEMS										
SUBSTANCE ABUSE										
*OTHER REASON										

*OTHER REASON-Please code as APPLICANT # _____ and state reason on reverse side.