

**State of North Carolina Department of Human Resources
Food Assistance Division
Food and Nutrition Services (FNS)**

Work Requirements Script for Eligibility Workers

What is the purpose of the script?

The purpose of this script is designed to serve as a resource for eligibility workers (EW) at county department of social services (DSS) agencies to explain the work requirements households must follow in a simple and user-friendly language. It includes the language terms used in the Consolidated Work Model Notice to explain FNS work requirements to households that include work registrants, mandatory Employment and Training (E&T) participants, and Able-Bodied Adults Without Dependents (ABAWDs)

When should EWs use this script?

EWs should use this script after the EW has screened for exemptions to determine which requirements apply to which household members at certification and recertification, and after any previously exempt household member becomes newly subject to a work requirement during the certification period (for example if the household reports a change that causes a household member to lose exemption status).

How should EWs use the script?

EWs should use this script as a guide, adjusting it as necessary to address the specific circumstances of each household.

If household members who need to follow FNS work requirements are not present when the EW is delivering the script, the EW should explain the work requirements for each household member to a household representative and emphasize that the absent members must follow the information in the *Consolidated Work Notice* once they receive it in the mail.

EWs should allow time to respond to questions from FNS clients. The script includes possible questions and suggested answers for reference purposes, but these questions should not be read to all FNS clients as part of this conversation.

Instructions for Eligibility Workers

- Use this script to explain household work requirements to clients after determining which household members will be registered for work, which household members may voluntarily participate in E&T, and which will need to meet the Able-Bodied Adults Without Dependents (ABAWD) work requirement.
- Confirm with the client that your initial work requirement determination is accurate.
- Update records of work requirements in NC FAST when additional information is provided regarding exemptions.
- You will not always deliver the script to all or some of the household members who must meet the work requirements. When this is the case, **use the names of the household members you have determined must meet each requirement(s) as appropriate.**
- Familiarize yourself with North Carolina's FNS Employment and Training Program. You should have the necessary information to discuss the program during this conversation.

- Remind the client to follow the information in the *Consolidated Work Notice* once they receive it in the mail.

Suggestions and Tips

- Use the script as a guide, adjusting it according to the specific needs of each household.
- Keep your tone conversational.
- Allow time for questions from the client, but do not read the sample questions and answers from the script. Use these samples as a reference if necessary.

1. Introduction

Note to EW: *Identify individuals that must meet work requirements in the household by name and explain the following:*

- FNS has several requirements that you need to follow to keep your FNS benefits.
- Today, I will review the specific **Work Requirements** that apply to you and/or other household members included in your FNS case.
- These requirements have to do with work hours and job-related activities.

You will receive a notice in the mail with the information I will explain today. It is very important that you and individuals in your household review that notice carefully to understand the steps your household will need to follow to keep your FNS benefits.

2. Requirements for Work Registrants (General Work Requirements)

Note to EW: *If the household has work registrants, identify the individuals, and explain the following:*

a. Requirements

First, I will review the **Basic Work Requirements (General Work Requirements)**.

These individuals in your household need to follow the Basic Work Requirements to keep your FNS benefits:

- [Name of household member with a general work requirement]
- [Name of household member with a general work requirement]
- [Name of household member with a general work requirement]

To follow the Basic Work Requirements [you/they] must—

- Accept any job offer received, unless there is a good reason you can't.
- If [you/they] have a job, don't quit or choose to work less than 30 hours each week without having a good reason, such as getting sick, being discriminated against, or not getting paid.
- Tell us about [your/their] job and how much you are working, if asked.

- If we assign [you/them] to a workfare program, complete the hours each month.

[You/They] may lose your FNS benefits if you don't follow these work requirements without having a good reason.

b. Exemptions

Note to EW: Discuss potential exemptions that may apply to members of the household based upon their circumstances.

Individuals in your household **may not** have to follow these Basic Work Requirements if [you/they] are:

- Younger than 16 or older than 59,
- Taking care of a child younger than 6 or someone who needs help caring for themselves,
- Already working at least 30 hours a week,
- Already earning \$217.50 or more per week (equivalent to minimum wage x 30 hours),
- Receiving unemployment benefits, or you applied for unemployment benefits,
- Not working because of a physical or mental health reason,
- Going to school, college, or a training program at least half time,
- Meeting the work requirements for Temporary Assistance for Needy Families (TANF), or
- Participating in a drug or alcohol addiction treatment program.

Let us know as soon as possible if you think one of these might describe you. If we find that it does, you will not need to follow the Basic Work Requirements.

C. Consequences

It is important for you to know that there are consequences if [members with a general work requirement] don't follow these Basic Work Requirements:

- The first time [you/they] don't follow these requirements, and you don't have a good reason, you can't get FNS benefits for [1 month].
- The second time [you/they] don't follow these requirements, you can't get FNS benefits for [3 months].
- The third time, [you/they] can't get FNS benefits for [6 months].
- [You/they] must follow these work requirements before you can get FNS benefits again.

D. Good Cause

Individuals in your household may have a **good reason** for not following these Basic Work Requirements.

Good reasons include issues you can't control, such as getting sick, not having childcare for a child younger than 12, or working in conditions that are unreasonable. These are some examples of good reasons, but not all of them.

If you think you have a **good reason** for not following these Basic Work Requirements, you need to let us know right away. You can tell me or call your local DSS county office (<https://www.ncdhhs.gov/divisions/social-services/local-dss-directory>).

Once you contact us, if we agree that you have a good reason, there will be no change to your FNS benefits.

E. Questions and Answers

Note to EW: Stop and allow the client to ask questions. Do NOT read the following questions aloud to all clients; instead, use them as a reference.

Does everyone need to follow these work requirements?

No, not everyone has to follow the Basic Work Requirements. Let's review once more the reasons why someone may be exempt.

Note to EW: Go over exemptions again.

If I think I have a good reason for not following these work requirements, what should I do?

If you think you or someone in your household may not have to follow these requirements, You can tell me or call your local DSS county office (<https://www.ncdhhs.gov/divisions/social-services/local-dss-directory>).

What should I do if I can't follow the Basic Work Requirements because I have to take care of a child younger than 6?

If you or someone in your household is taking care of a child younger than 6, you inform us as soon as possible.

How do I inform you that I have a good reason for not following these work requirements?

If you think you or someone in your house may have a good reason for not following the Basic Work Requirements, You can tell me or call your local DSS county office (<https://www.ncdhhs.gov/divisions/social-services/local-dss-directory>).

3. Voluntary Employment and Training (E&T) Requirements

a. Requirements

Household members may volunteer to participate in North Carolina's Food and Nutrition Services Employment and Training program. For more information, please visit: <https://www.ncdhhs.gov/divisions/child-and-family-well-being/food-and-nutrition-services-food-stamps/food-and-nutrition-services-employment-and-training-program-fns-et>

This program can help you find or train for a job.

As part of this program, you may be referred to one or more of the following opportunities: get help looking for a job, participate in basic education classes to improve reading and writing or to get a GED, or get training for specific types of jobs, such as in healthcare, heavy equipment, or welding.

Note to EW: *Be ready to share information about the E&T program with the household:*

You must contact your local county office for information on North Carolina's Food and Nutrition Services Employment and Training program.

You will need to work with a case manager during the program orientation to determine the right program for you.

You will complete the activities of the program each month. [You/They] will be told what you need to do.

Note to EW: *Additional information to share:*

You will receive a notice in the mail with information about how to participate in NC North Carolina's Food and Nutrition Services Employment and Training program

Participant Reimbursements

If you have costs from doing the program, we will pay and/or reimburse you for your costs to participate in this program. These costs include the following:

- Transportation
- Childcare (check with your case manager to see if this is available)
- Personal safety items or equipment
- Other reasonable required costs, such as tools, books, and uniforms

If you think you have other employment and training costs that may be eligible to be paid and/or reimbursed by the North Carolina's Food and Nutrition Services Employment and Training program, call your case manager.

Questions and Answers

Note to EW: *Stop and allow the client to ask questions. Do NOT read the following questions aloud to all clients; instead, use them as a reference.*

Can I do a training program rather than just look for a job?

You will be able to discuss your work experience and interests with your case manager, who will try to find the right fit for you, but I can tell you a little about the different training programs that may be available. (EW should refer to North Carolina's Food and Nutrition Services Employment and Training program.)

How can I learn more about these programs?

We offer different programs to help you develop your work skills and to help you find and keep a good job. You can also call a case manager to find out more.

If I need help with transportation to get to a training, what should I do?

You should let your case manager know if you need help with transportation.

How long do I have to train or work?

This is a voluntary program so there are no requirements, however there are many short-term training programs available.

When will my training start?

Once you and your case manager decide what program is best for you, you will receive this information.

Where will my training be?

Once you and your case manager decide what program is best for you, you will receive this information.

Can I choose what kind of training I take?

You will work with your case manager to decide what programs are available and to decide which is best for you.

4. Able-Bodied Adults Without Dependents (ABAWD) Work Requirement

Note to EW: This section is ONLY for households with an ABAWD.

If the household has NO ABAWDs, skip this section and ask if the client has questions.

If the household has individuals subject to an ABAWD requirement, identify the individuals, and explain the following:

a. Requirements

These individuals in your household must also follow the **Time Limit Requirements for ABAWDs** to keep FNS benefits for more than 3 months in a 3-year period:

- [Name of household member with an ABAWD work requirement]
- [Name of household member with an ABAWD work requirement]
- [Name of household member with an ABAWD work requirement]

These Time Limit Requirements apply to your household because [members with an ABAWD work requirement] are between ages 18 and 49, do not live with a child under 18, and are considered physically and mentally able to work. This is often called the Able-Bodied Adults Without Dependents (ABAWD) work requirement.

To follow the Time Limit Requirements [you/they] must—

- Spend at least 80 hours each month working, participating in a job program or similar activities we approved, or volunteering
- OR
- Participate in workfare for the number of hours we assigned to you each month

If you have been working more than 80 hours a month and your work hours drop below 80 hours a month, you must call your local DSS county office within 10 days.

b. Exemptions

Note to EW: Discuss potential exemptions that may apply to members of the household based upon their circumstances.

Individuals in your household may not have to follow any of these Time Limit Requirements if [you/they] meet any of the exemptions we talked about earlier for the Basic Work Requirements, or if:

- [You/They] are younger than age 18, or age 50 or older,
- Someone in your house is younger than age 18,
- [You/They] are not working because of a physical or mental health reason, or
- [You/They] are pregnant.

Let us know as soon as possible if you think one of these might describe you or individuals in your household. You can tell me or call your local DSS county office.

If we find that it does, you will not need to follow the Time Limit Requirements.

c. Consequences

There are important consequences if [members with an ABAWD work requirement] don't follow the Time Limit Requirements

ABAWD Time Clock: January 2022-December 2024

- Clock expires December 2024. New clock will begin January 2025
- We will count each full month that [you/they] receive FNS benefits but do not meet these Time Limit Requirements without a good reason.
- **Once we have counted 3 full months, [you/they] will lose your benefits until the ABAWD time limit starts over in North Carolina, unless you meet the work requirements or an exemption.**
- Remember, you can only get FNS benefits for 3 months in a 3-year period, unless you meet these Time Limit Requirements.

d. Good Cause

Individuals in your household may have a **good reason** for not following the Time Limit Requirements.

Call your local DSS county office as soon as possible if you think you have a **good reason** for not following the Time Limit Requirements.

Good reasons include issues you can't control, such as getting sick or not having transportation. These are some examples of good reasons, but there are others, too.

If we determine that you have a good reason, there will be no change to your FNS benefits.

e. Regaining Benefits

If you or other individuals in your household lose FNS benefits and then start meeting these Time Limit Requirements, you can get FNS benefits again.

You can also get FNS benefits again if something changes in your life, and there are reasons you no longer need to follow these requirements. For example, you may get FNS benefits back if you have a new physical or mental health reason for not working or because of any other reasons we have discussed today.

f. Questions and Answers

Note to EW: Stop and allow the client to ask questions. Do NOT read the following questions aloud to all clients; instead, use them as a reference.

Can you find me a job or training that keeps me eligible for FNS?

We have programs that may be able to help you find a job. You can call your local DSS county office.

5. Additional Questions and Answers

Do you have any questions for me?

Note to EW: Stop and allow the client to ask questions. Do NOT read the following questions aloud to all clients; instead, use them as a reference.

You Will Not Be Discriminated Against

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print,

audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:**
Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
FNSCIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

Note: Please do not send any application materials to the address above. The address above is for civil rights complaints only. Please send application materials to the address below:

Name of Local Agency _____

Address _____

What if I disagree with your decision?

You can have a fair hearing of your case if you do not agree with our decision. A fair hearing means that an official will review the facts of your case in a fair and objective manner as required by law. If you want to discuss our decision or ask questions about how a fair hearing works, call your local agency.

You may ask for a fair hearing in writing, in person or over the phone, if any of the following apply to you:

- You applied for FNS benefits and were denied.
- You disagree with a decision on your case.
- You believe your FNS benefits were not calculated correctly.

Your deadline to request for a hearing

- If you want a fair hearing because we closed your FNS case or denied your request for FNS benefits, you must request it by **[enter date 90 days from date the notice is sent]**.

- If you want a fair hearing about your current FNS benefits, you may request a fair hearing any time before **certification period end date**.
- If you request a hearing because we closed your case or decreased your FNS benefits, you may choose to keep getting your benefits until a hearing decision is made.
- You may choose to continue receiving FNS benefits only if your certification period has not ended. If you choose to do this, you may be required to pay those FNS benefits back if the hearing officer does not rule in your favor.

To request a hearing, call your local agency or fill out and return the form below.

Name of person requesting hearing	Signature	Date
Address of person requesting hearing		
Telephone number where you can be reached		
Use this space to tell us why you want a fair hearing:		
You must let us know how you want your hearing done (check one box)		
<input type="checkbox"/> In-Person Hearing at the county DSS office		
<input type="checkbox"/> Remote Phone Hearing & my phone number for hearing is _____.		
<input type="checkbox"/> Remote Video Hearing using Microsoft Teams & my e-mail address for hearing is _____.		

Can I get free legal help?

Free legal advice is available by contacting Legal Aid of North Carolina office at 1-866-219-5262.
 Mailing: PO Box 26087 Raleigh, NC 27611 Street: 224 South Dawson St. Raleigh, NC 27601.