

Name of Local Agency \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_  
Fax \_\_\_\_\_

Worker \_\_\_\_\_  
Date Generated \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF SOCIAL SERVICES  
Consolidated Work Notice**

**You Must Follow These Work Rules to Receive Food and Nutrition Services Program (FNS) Benefits**

This letter is being sent to explain work rules for the FNS program and what you need to do. You or any member in your household may need to follow different work rules. If you or any member in your household do not follow these rules, your FNS benefits may decrease or end if you do not have a good cause. This letter tells all households members what is required.

On this date, \_\_\_\_\_, the following person(s) are registered for work, but do not have to go to a work program at this time. However, he/she may be asked to do so later \_\_\_\_\_  
\_\_\_\_\_

On this date, \_\_\_\_\_, the following person(s) are no longer registered for work \_\_\_\_\_  
\_\_\_\_\_

On this date, \_\_\_\_\_, the following person(s) have been referred to the FNS E&T work program \_\_\_\_\_  
\_\_\_\_\_

On this date, \_\_\_\_\_, the following person(s) are no longer participating in a FNS E&T work program \_\_\_\_\_  
\_\_\_\_\_

**Responsibilities for individuals ages 16 through 59 who are not exempt from work requirements are:  
See page 2 of this form for work requirement exemptions**

- Register for work at the time of application or change in situation, and every 12 months after initial registration.
- Work with your case manager at orientation to determine the right program and activities that you will need to complete.
- If you receive a job offer, you should accept the job unless it meets the job suitability criteria. See page 2 of this form for job suitability and good cause reasons.

Case Identifier:

**Disqualifications for individuals ages 16 through 59 who are not exempt from work requirements:**

- Voluntarily quit or voluntarily reduced hours - If you are working at least thirty (30) hours per week and quit your job or cut your work hours to less than thirty (30) hours per week (or 30 hours multiplied by minimum wage) without a good reason. See below for good cause and job suitability reasons.
- Failed to comply with Unemployment Insurance Benefits (UIB), work program requirements and do not meet another work requirement exemption other than UIB or Work First Family Assistance (WFFA).
- Failed to comply with WFFA Employment Services and do not meet another work requirement exemption other than UIB or WFFA.

**If you fall under one of these categories, you will not be registered for work:**

- Under the age of 16 or over the age of 60,
- Physically or mentally disabled,
- Complying with the work requirements of another program,
- Responsible for a child under the age of six, or someone who needs help caring for themselves
- Already working more than 30 hours a week,
- Participating in a drug or alcoholic rehab program,
- Student enrolled at least half time,
- Already earning \$217.50 or more per week,
- Receiving unemployment benefits, or you applied for unemployment benefits, or
- Meeting the work rules for WFFA

**Good cause reasons for leaving a job**

- Being discriminated against because of your race, color, national origin, gender, religion, age, disability, or political beliefs.
- Not being paid on schedule or being required to work overtime and not being paid for the overtime.
- Taking another job as long as the new job is thirty (30) or more hours per week or the job pays federal minimum wage multiplied by thirty (30) hours.
- If the household has to move because a FNS household member is going to school half time, in a training program, or college.
- If you are under the age of 60 and leave a job and the employer sees this as retirement.
- Accepting a job of thirty (30) hours or more per week but due to no fault of your own, the job does not take place or is not a suitable job (see below).
- Often going from one employer to another because you are a migrant farm worker or a construction worker.
- Things not in your control. This can include your illness or the illness of another family member needing you to be there. A household emergency, no transportation, or the lack of good childcare for children who have reached age 6 but are under age 12.

**A job is not suitable if:**

- The job pays less than the federal minimum wage, State minimum wage, or training wage, whichever is highest.
- The job is on a piece rate basis and the average hourly yield is less than the minimum federal, State, or training hourly wage.
- To keep your job, you have to join, resign from, or not join any legal labor organization.
- The work offered is at a site subject to a strike or lockout at the time of the offer.
- The degree of risk to health and safety is unreasonable.
- The member is physically or mentally unfit to perform the employment. A doctor has to prove this.
- The job offered within the first thirty (30) days of registration is not in the members' major field of experience.
- The distance from the member's home to the job is unreasonable due to pay, time, and cost of commuting. Distance is unreasonable when commuting is more than two hours per day. This does not include the transportation of a child to day care. A job is also not suitable if neither public nor private transportation is available and walking distance to the job is more than two miles round trip.
- The working hours or nature of the job interferes with religious observances or beliefs.

Case Identifier:

**A job search and training is not suitable if you:**

- Are temporarily laid off from your work,
- Live more than 35 miles from a job search and training center, or
- Reminder: See page 2 for other reasons training may not be suitable.

**The costs from doing the program**

We must pay for your costs to participate in this program. These costs include:

- Transportation
- Childcare
- Personal safety items or equipment
- Other reasonable required costs, such as tools, books, and uniforms

If we cannot pay your costs, **we must excuse you**, and you will not need to follow the Job Search and Training rules.

**If you do not follow the rules you will lose your FNS benefits in the following manner:**

- The first time you do not follow these rules, and you don't have a good cause, you cannot get FNS benefits for **one month**.
- The second time you do not follow these rules, you cannot get FNS benefits for **three months**.
- The third time, you cannot get FNS benefits for **six months**.
- And you must follow these work rules before you can get FNS benefits again.

**Able-Bodied Adult Without Dependents (ABAWD) Requirements**

The Food and Nutrition Services (FNS) Program, formerly known as Food Stamps, has a work requirement for some adults known as Able-Bodied Adult Without Dependents (ABAWDs). Some adults may only receive FNS for 3 months' time limit, unless they are working or otherwise meeting the ABAWD work requirement.

The work requirements apply to individuals who are:

- Age 18 - 49
- Fit for employment
- Not living in a FNS household with a minor
- Not pregnant
- Not already exempt from general work requirement
- Not covered by time limit waiver or 15 percent exemption

**What is the time limit?**

ABAWD eligibility for FNS is limited to any 3 months in a 36-month period (considered the 3-month time limit) unless the individual meets the ABAWD work requirements

**What is the ABAWD work requirement?**

ABAWDs can meet the work requirement by:

- Working 20 or more hours a week, averaging 80 hours monthly
- Participating in and complying with the requirements of a work program for 20 or more hours a week
- Participating in and complying with the requirements of a workfare program (North Carolina does not operate workfare program at this time)

**What are the exemptions from ABAWD work requirements?**

ABAWDs are exempt from work requirements in the following situations:

- Under 18 or 50 years of age or over
- Medically certified as physically or mentally unfit for employment
- Responsible for a dependent child or residing in a household where a household member is under age 18
- Exempt from FNS work requirements
- Pregnant

Case Identifier:

**Regaining eligibility**

ABAWDS who have exhausted their 3 countable months may regain eligibility at any time by meeting ABAWD work requirements for 30 consecutive days, meeting an exemption from ABAWD work requirements or when their 3-year period expires.

Countable work or work program activities are:

- Volunteering or working in paid employment, including self-employment
- Participating in Workforce Innovation and Opportunity Act (WIOA) services
- Participating in Trade Adjustment Act (TAA) services
- Participating in an allowable FNS Employment and Training (E&T) activity

**What happens if an ABAWD who has regained eligibility stops meeting the work requirement?**

FNS regulations provide that in limited circumstances, ABAWDs can gain an additional 3 months of eligibility.

This provision:

- Applies only to ABAWDs who regained eligibility but are no longer fulfilling the work requirement
- Provides that ABAWDs may only take advantage of this provision once in a 3-year period
- The additional 3 months must be used consecutively
- If the individual was working, the consecutive 3 months must start when the participant notifies the agency that he or she is no longer in compliance with ABAWD work requirements

If the individual was participating in a work program or workfare program, the consecutive 3 months must start when the agency determines the ABAWD is no longer in compliance

**USDA Nondiscrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.), 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. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [https://www.usda.gov/sites/default/files/documents/](https://www.usda.gov/sites/default/files/documents/Complain_combined_6_8_12_508.pdf)

[Complain\\_combined\\_6\\_8\\_12\\_508.pdf](https://www.usda.gov/sites/default/files/documents/Complain_combined_6_8_12_508.pdf), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed complaint form or letter to USDA by:

1. mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410.
2. fax: (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@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 \_\_\_\_\_

**Your right to a fair hearing**

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 the Food and Nutrition Services Office at \_\_\_\_\_.

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.

Free legal advice is available. Contact 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.

To request a hearing, call the Food and Nutrition Services office at \_\_\_\_\_ 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:		
<b><u>You must let us know how you want your hearing done (check one box)</u></b>		
<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 _____.		