



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

YVONNE COPELAND • Director, Division of Child and Family Well  
Being

**Date:** November 22, 2024

**Dear County Directors of Social Services**

**Attention:** Work First Family Assistance Investigators, Program Integrity Managers, and Supervisors

**Subject:** Work First Family Assistance Claim Write- Offs

**Effective:** Upon Receipt

**Priority:** Information and Action

Program Integrity staff may request termination of debtor claims for Work First Family Assistance (WFFA) claims that appear on the EPI 750-1 report. This report can be found in NCFAS under EPI O&M reports. The Work First Family Assistance Claims on the EPI 750-1 report are coded 'CA' for 'Cash Assistance'.

**Write Off Instructions for WFFA/CA claims on the EPI 750-1 Report:**

1. Program Integrity Worker will enter notes on the Product Liability Claim (PLC) that the claim appears on the EPI 750-1 report, and they are requesting termination of the claim.
2. Program Integrity Worker will email: [DHHS.dss.automation@dhhs.nc.gov](mailto:DHHS.dss.automation@dhhs.nc.gov) with the request to reduce the balance of the claim to \$0. The request should state the claim is a WFFA/CA claim listed on the EPI 750-1 report and to adjust the debtor balance to \$0. Once the claim balance is adjusted to \$0, NCFAS will automatically close the claims.

**Deceased Debtor WFFA claims *not* listed on EPI 750-1 Report:**

A separate memo must be sent to approve write-offs for all other deceased debtor WFFA claims that do not appear on the EPI 750-1 report. Program Integrity workers should follow **WorkFirst policy section 263 C. Writing off Overpayments, 2-3:**

2. To request that a claim for an overpayment be written off, send a written request on county letterhead to the **Economic and Family Services Section, 2420 Mail Service Center, Raleigh, NC 27699- 2420.**

The request must include:

- PLC Case Reference
- Casehead Name
- Program Type (WFFA)
- Overpayment Period
- Current claim balance
- Reason for the write off



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

YVONNE COPELAND • Director, Division of Child and Family Well  
Being

- Investigator's signature
- Program Integrity supervisor's signature

3. The Economic and Family Services Section will forward the request to the DHHS Controller's Office or the Attorney General's office for approval to write off the claims. Once approval is obtained, the State will proceed to close the claims in NC FAST.

If you have questions, please submit them to DSS Program Integrity Questions [dss.pi.questions@dhhs.nc.gov](mailto:dss.pi.questions@dhhs.nc.gov).

Sincerely,

A handwritten signature in cursive script that reads "Allison W. Smith".

**Allison W. Smith**  
Deputy Director  
Division of Social Services  
Economic and Family Services

A handwritten signature in cursive script that reads "Madhu Vulimiri".

**Madhu Vulimiri, MPP**  
Deputy Director  
Division of Child and Family Well-Being

AS/MV/kw

**EFS-WF-05-2024**