WORK FIRST BENEFIT DIVERSION SURVEY STATE FISCAL YEAR 2013-2014

| 1. Co | unty: | <u></u> | |
|-----------------------|---|------------|--|
| 2. Will | l your county offer Benefit Diversion □Yes □ No | | |
| 3. Comments: | | | |
| | | | |
| | locument may be submitted via the f | following: | |
| Fax: | (919) 334-1265 | | |
| Mail: | NC Division of Social Services Economic and Family Services Attn: Kea Alexander 2420 Mail Service Center Raleigh, NC 27699-2408 | | |
| Signa | ture of Program Manager | Date | |
| Signature of Director | | Date | |