Work First Services Second Party Review Checklist

| Case Name: | | Period of Review: | | | | | | |
|--|-----|-------------------|--------|-----|-----------|--|--|--|
| County: | | 200% of Poverty: | | | | | | |
| Non-Custodial Parent Services: | | | | | | | | |
| Application Date: | | | | | | | | |
| Work First Services may not be offered to individuals who receive an ongoing Work First Cash payment. All sections must be completed by checking the appropriate box. If policy requirement is not applicable to the specific case please indicate in available box. NCFAST information should be reviewed for data entry accuracy. If third party verifications were obtained, list method in comment section. Accurately keyed in | | | | | | | | |
| | Yes | No | NCFAST | N/A | Comments: | | | |
| Services being provided according to county plan | | | | | | | | |
| Americans with Disability Act Information/Limited English Proficiency | | | | | | | | |
| Individual asked if they have any disabilities to | | | | | | | | |
| report at application | | | | | | | | |
| Reasonable accommodations requested & | | | | | | | | |
| provided | | | | | | | | |
| Learning Needs Waiver initialed and signed | | | | | | | | |
| (DSS-5330) (Adm Ltr 13-2010) | | | | | | | | |
| Learning Needs Screening offered (DSS 5327) | | | | | | | | |
| (Adm Ltr 13-2010) | | | | | | | | |
| Language Services Agreement (DSS 10001) applicable | | | | | | | | |
| If applicable, the DSS 10001 was signed and | | | | | | | | |
| completed by interpreter | | | | | | | | |
| Eligibility for Services | | 1 | T | T | | | | |
| Original signed DSS-5027 in record | | | | | | | | |
| Notice of Action, Section C, of DSS-5027 completed with approval dates (AL 1-2017) | | | | | | | | |
| DSS 5027 keyed into SIS (AL 1-2017) | | | | | | | | |
| Work First Services application entered in NC | | | | | | | | |
| FAST (AL 1-2016) | | | | | | | | |
| Income Eligibility Worksheet completed in entirety (DSS-8225) | | | | | | | | |
| Certification periods for all forms are | | | | | | | | |

policy) (WF 102)

Family income is at or below 150%/200% of the federal poverty limit (based on county

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| | | |
|---|------|--|
| Correct income limit used for family size | | |
| | | |
| Earned/Unearned income? List verification | | |
| method in comments. (WF 114 & IEM 4000) | | |
| Resides in county of application (WF 108) | | |
| | | |
| Child in the home who meets the age limit for | | |
| Work First Family Assistance (WF 109) | | |
| Citizenship/Qualified Immigrant Status (WF | | |
| 111) | | |
| Identity (WF 111) | | |
| Kinship (WF 112) | | |
| Living With (N/A for NCP services) (WF 112) | | |
| Individual Criminal Violations Declaration | | |
| Statement (DSS-5271) (AL 1-2016 & 1-2017) | | |
| Non-Custodial Parent Cases: Is case head a | | |
| non-custodial parent of a child who is a Work | | |
| First recipient | | |
| Does the service provided meet the federal | | |
| definition of assistance (WF 102) | | |
| Was the client notice provided and case | | |
| closed timely based on the DSS-5027 | | |

Reviewed by: _____

Supervisor review by: _____

Date Reviewed: _____

Date Reviewed: _____