

**WORK FIRST PROGRAM
BENEFIT DIVERSION AND SERVICES FOR LOW INCOME FAMILIES SURVEY
STATE FISCAL YEAR (SFY) 2024-2025**

County Name: _____

1. **Benefit Diversion:** Will your county offer Benefit Diversion to Work First applicants for SFY 2024-2025?

Yes

No

Work First Services for Low Income Families: Which Federal Poverty Level (FPL), will your county utilize for SFY 2024-2025 (Refer to [Poverty Guidelines / ASPE](#) for the 2024 FPL)?

150% of the FPL

200% of the FPL

Comments (optional): _____

(Signature of Program Manager) / _____ **(Printed Name)** _____ **Date**

(Signature of DSS Director) / _____ **(Printed Name)** _____ **Date**

Submit the survey no later than March 15, 2024, via the following:

Email: work.first.policy.team@dhhs.nc.gov