

**WORK FIRST PROGRAM  
WORK FIRST SERVICES FOR LOW INCOME FAMILIES SURVEY  
STATE FISCAL YEAR (SFY) 2026-2027**

**County Name:** \_\_\_\_\_

**Work First Services for Low Income Families:** Which Federal Poverty Level (FPL), will your county utilize for SFY 2026-2027 (Refer to [Poverty Guidelines / ASPE](#) for the 2026 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**

If a response is not received by the established deadline the county will be automatically designated as providing Services for Low Income Families at 200% of the FPL. Surveys should be submitted no later than March 31, 2026, via email to [Work.First.Policy.Team@dhhs.nc.gov](mailto:Work.First.Policy.Team@dhhs.nc.gov).