

**WORK FIRST PROGRAM  
BENEFIT DIVERSION AND WORK FIRST SERVICES FOR LOW INCOME FAMILIES  
SURVEY  
STATE FISCAL YEAR (SFY) 2020-2021**

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

1. **Benefit Diversion:** Will your county offer Benefit Diversion to Work First applicants for SFY 2020-2021?

Yes

No

2. **Work First Services for Low Income Families:** Which Federal Poverty Level (FPL), will your county utilize for SFY 2020-2021 (Refer to **EFS-WF-04-2020** for the 2020 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 **May 11, 2020** via the following:

**Email:** [Leslie.Dean@dhhd.nc.gov](mailto:Leslie.Dean@dhhd.nc.gov) or

**Fax:** (919) 334-1265 (Attn: Leslie Dean) or

**Mail:** NC Department of Health and Human Services  
Division of Social Services  
Economic and Family Services  
Attn: Leslie Dean  
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2420 Mail Service Center  
Raleigh, NC 27699-2420