

Hertford County DSS Web Page

Frequently Asked Questions

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General Information

1. Who is the Director of Social Services?

The Director's name is Mrs. Brenda Brown.

2. Where is the Hertford Department of Social Services located?

The Hertford County Department of Social Services has two locations located at 704 North King Street Winton, NC and 220 North Mitchell Street Ahoskie, NC. One can apply for services at either location.

3. What is the Agency's Contact Number?

The contact number for Hertford County Department of Social Services is 1-252-358-7830. We can also be reached by fax 1-252-332-4710.

4. What are the Agency's office hours?

Office hours are Monday thru Friday from 8:30am-5:00pm.

6. Who are the Board Members of the Hertford County Department of Social Services?

The Board Members are: Ms. Deborah Morrison (Chair), Mr. William "Bill" Mitchell, Mr. Walter Goodwyn, Mrs. Evelyn Lassiter and Dr. Renee Fleetwood- Tann.

7. Who are the Hertford County Board of Commissioners?

The Hertford County Board of Commissioners are: Mr. Ronald Gatling (Chair), Mr. Johnnie Farmer, Mr. Curtis Freeman, Mr. Garry Lewter and Mr. William "Bill" Mitchell.

8. Does the Hertford County Department of Social Services assist with unclaimed bodies?

Yes.

9. Do you have a number that I can speak to someone on a state level?

Yes. The Hertford County Department of Social Services has a Care Line and that number is 1-800-662-7030.

10. How many services can I apply for with the Hertford County Department of Social Services?

One has a right to apply for any and all services that he or she may have an interest in applying.

Administrative

- 1. Someone called my number from the Department of Social Services and did not leave a name; do you know who it was?**

If you are currently receiving services or have applied for services you would need to provide your full name and the type of services you are receiving and you will be transferred to your caseworker.

- 2. What information do I need to bring when applying for services?**

You are not required to bring in any information, however, if you have information you think might be beneficial to your application you can bring it in with you. The caseworker will inform you during the process of your application what is needed to determine eligibility.

- 3. Can I speak with my caseworker's supervisor? I have called several days and left messages and no one has returned my call.**

4. Yes, Please provide the name of your caseworker and you will be transferred to the assigned supervisor.

- 5. Can you tell me my worker's name?**

Yes. Please provide the type of services you are receiving, your full name and you will be transferred to your assigned caseworker.

- 6. Do you assist with housing? Who can I contact for Section 8?**

No, we do not assist with housing; however you may want to check with the local CADA office or the Housing Authority.

- 7. How/Where can I get a Fishing License? Can you mail it to me?**

We have two locations that you can apply for Fishing License. You may apply in Ahoskie and/or Winton. In order to receive license one must currently be receiving Food Stamps or Medicaid and yes it can be mailed to you.

- 8. When does the Low Income Energy Assistance Program (LIEAP) starts?**

The LIEAP program for seniors 60 and above starts December 1-30th and January 1st for non-seniors until funds are exhausted.

9. Do you have funds for CRISIS?

One may complete an application for the crisis program during our business hours of 8:30am-5:00 pm Monday thru Friday. It will be determine during your application if there is a crisis. If you are experiencing a crisis and funds are available we may be able to assist you.

10. How long will I have to wait to be seen by a worker?

When you come in to the Department of Social Services, you are logged in during the time of your arrival. It is our goal to see the client in a timely manner, however sometimes it may require a wait.

**Food and Nutrition Services-FNS (Previously known as Food Stamps)
Low-Income Energy Assistance Program-LIEAP
Program Integrity**

1. Can I apply for Food and Nutrition Services (FNS) if I have an overpayment that is not paid off?

Yes

2. Why is my child a debtor on an over payment if he/she is still in high school?

Anyone who is 18 or older and was included in the household at the time the overpayment occurred is responsible for repayment of the over issuance.

3. If a person is under the age of 22 years old, but is at least 18 years old, can that person apply for food and nutrition services (on their own) while living in the home with their parent(s)?

No, A person under 22 years old, but at least 18 years old, cannot have a food and nutrition services case on their own , while living with parent (s) and their parent(s) not be included.

4. How many months can an (ABAWD) Able Bodied Adults Without Dependents living in a non-wavier county receive benefits.

Three months.

5. If a woman who is four weeks pregnant, is she considered to ABAWD?

No

6. Whose income is countable when I apply for Low Income Energy Assistance Program (LIEAP)?

All members who reside in the home.

7. My medical bills cost me over \$600.00, and the hospital bills are even more. Why can't I get credit for the full amount of my medical bills in one month?

The cost of the medical bills must be divided over the certification period.

8. When will my food and nutrition service benefits be available on my EBT card?

The benefit availability date is determined by the last digit of the head of the household's social security.

9. What type of identification do I need to bring when applying for Food and Nutrition Services benefits?

You don't have to have anything to apply but to determine eligibility you do need. Examples include Driver's License/ voter registration card, agency records, health benefits card, work or school ID, birth certificate, wage stub and Medicaid card.

10. Why did my Food Stamps amount decrease?

There are changes in circumstances such as income in wages, a decrease in rent or a person no longer residing in the household can cause a decrease in the amount of benefits received.

Adult Medicaid

1. When will I receive my Medicaid card?

Medicaid cards are mailed annually.

2. What is Carolina Access?

Carolina Access is a Medicaid managed care program. As a Medicaid recipient you must participate in this program unless you meet one of the exemption requirements.

3. Will Medicaid pay for my care in a nursing home?

If you meet eligibility requirements, Medicaid will pay for some portion of your cost of care in a long term skilled or intermediate care facility as well as medical expenses.

4. Will the state take my home if I get Medicaid?

If you receive (CAP) Community Alternative Program or are in a long-term facility, estate recovery may apply to you. This means at the time of your death the government may make a claim against your estate to recover the money paid to medical providers on your behalf.

5. What is Medicare-Aid?

Medicare-Aid is a special Medicaid program for people who have Medicare and also have limited income and resources. It is a free program that helps pay your Medicare premiums, co-payments and deductibles. There are several Medicare-Aid programs which are also known as Medicare Savings Programs: MQB-Q, MQB-B, and MQB-E.

6. What happens if I have to go into a nursing home?

If you need help with the cost of care in nursing homes, you must apply with your local DSS. MQB-B covers only the Medicare co-payment for Medicare approved skilled nursing home care. After the first 20 days nursing home care is not covered by Medicare-Aid.

7. What is a deductible?

A deductible in Medicaid works much like a deductible for private insurance. A person is responsible for a certain amount of medical bills before insurance pays. The difference is that a Medicaid deductible is not a set dollar amount. It is based upon the person's income. If income is more than a limit set by law there must be a deductible.

8. Whose income/medical bills are counted toward the deductible?

In Medicaid, your spouse's income must be counted in determining eligibility. Likewise, a parent's income must be counted when determining eligibility for a child. Because these individuals' income is counted, their medical bills may be applied to the Medicaid deductible. For additional information about deductibles, refer to the Medicaid Deductible Fact Sheet.

9. How do I apply for Medicaid?

Contact your local Department Social Services (DSS).

10. How long can I receive Medicaid after I am approved?

You may receive Medicaid as long as you continue to meet the requirements. Your caseworker will review your situation every 6 to 12 months depending on what type of Medicaid you receive. You must report all changes in situation to your caseworker within 10 days.

Family and Children's Medicaid/Health Choice

1. What does Medicaid cover?

If you are eligible for Medicaid, you will receive a Consumer's Guide to North Carolina Medicaid Programs, which contains listings of covered services. This list is not all-inclusive and does change. For more accurate information, ask your medical provider or pharmacist or call the CARE-LINE at 1-800-662-7030.

2. Why is one of my children eligible for Medicaid but the other isn't?

Medicaid is determined by comparing countable income to an income level for the number in the family. The income levels are different based on the child's age. Depending on each child's countable income and age, the children could be in different income levels.

3. How do I let my doctor know that I have Medicaid?

When you are approved for Medicaid, you will receive a Medicaid ID card annually in the mail. You must take your current card with you each time you go to the doctor, hospital, pharmacy, or any other medical provider. Your Medicaid card is proof that you have coverage. It is very important to keep up with your Medicaid card! It works just like a health insurance card. If you do not show your card to the medical provider, they will not know Medicaid covers you and you may become responsible for paying the full cost of the medical bill or prescription.

4. What do I do if I lose my Medicaid card?

You may notify your caseworker if you lose your Medicaid card and request a replacement card. Your Medicaid card is your proof that you have coverage. It is very important to keep up with your Medicaid card!

5. How long can I receive Medicaid after I am approved?

You may receive Medicaid as long as you continue to meet the eligibility requirements. Your caseworker will review your situation every 6 to 12 months depending on what type of Medicaid you receive. You must report all changes in situation to your caseworker within 10 days.

6. How long will I have to wait before I know if my application is approved or denied?

Within 45 calendar days if all requested information has been submitted.

7. Can I choose which Medicaid program my child is in?

No. Parents cannot choose the program. Your application is first reviewed to see if your child is eligible for Health Check (Medicaid). If your child does not qualify for Health Check (Medicaid), the application will be reviewed to see if your child is eligible for NC Health Choice.

8. What does North Carolina Health Choice cover?

If you are eligible for North Carolina Health Choice, you will receive a Health Choice of Children Handbook, which contains listing of covered services. This list is not all-inclusive and does change. For more accurate information, ask your medical provider or pharmacist or call the Customer Services at 1-800-422-4658.

9. How do I let my doctor know that I have North Carolina Health Choice?

When you are approved for North Carolina Health Choice, you will receive one Identification (ID) card in the mail. You must always show your ID card each time you go to the doctor, hospital, pharmacy or any other medical provider. Your ID card is proof that you have coverage. It is very important to keep up with your ID card! It is your health insurance card. If you do not show your card to the medical provider, they will not know you are covered by **North Carolina Health Choice** and you may become responsible for paying the full cost of the medical bill or prescription. Each child covered by NCHC receives his or her own ID card.

10. What do I do if I lose my child's North Carolina Health Choice ID card?

In the event you lose your child's North Carolina Health Choice ID card, you must call Customer Services at 1-800-422-4658 to request another one. The Department of Social Services cannot replace a NCHC ID card.

**Work First (WF)/Work First Employment Services (WFES)
Crisis Intervention CIP)/Food Pantry (FP)/General Assistance (GP)**

1. Will the Work First Program assist individuals with finding a job?

The Work First Program consists of two parts, eligibility and work first employment services. Those individuals who are able-bodied (able to work/no medical conditions per physicians) are automatically enrolled in the employment program. In the program the Work First Social Workers can assist the individuals with a variety of programs such education, work experience, job search activities and employment to aid with them becoming self-sufficient.

2. Do I have to put the absent parent up for Child Support to receive Work First Family Assistance benefits?

Yes, when an applicant applies for the Work First program the worker will submit a referral to child support. Work First individuals are required to cooperate in good faith by providing all information requested by Child Support.

3. Do you have to include all of the children on the Work First case if one of the absent parents takes care of his child?

All of the children who reside in the home under the age of 18 must be included in the case.

4. What is Benefit Diversion?

It is an alternative to the traditional cash assistance by issuing a one-time lump-sum payment equal to a maximum of three months of Work First Family Assistance benefits and helps families who are experiencing a temporary crisis associated with employment.

5. Does the Department of Social Service help with getting food?

Yes, food pantry applications daily from 8:30 am -11:15 am. Hertford County Department of Social Services has a referral program to the Ahoskie Food Pantry which is located at First Presbyterian Church in Ahoskie.

6. How often can a person come in and apply for the Food Pantry?

Applicants can be referred to the Food Pantry five times during the calendar year and they have to wait a month in between referrals. The Food Pantry referral is given per household (those living in the same residence) not per family living within that household.

7. Does the Department of Social Services help with heating and cooling bills?

Yes. The Crisis Intervention Program (CIP) serves individuals and families who are experiencing a heating or cooling related crisis. A household is in a crisis if it is currently experiencing or is in danger of experiencing a life-threatening or health-related emergency and sufficient, timely, and appropriate assistance is not available from any other source. Life-threatening is defined as a household which has no heating or cooling source or has a disconnect notice for their primary heating or cooling service and the health or well-being of a household member would be in danger if the heating or cooling crisis was not alleviated.

8. How often can a person apply for benefits from the CIP program?

If eligible and funds are available, a household can receive benefits more than once during a State fiscal year, which is from July through June. The maximum amount can be up to \$600.00 per application per crisis situation.

9. Does the agency help with paying for medication?

Yes. The agency has a General Assistance Program (GA) which are funds that are most frequently used for medications for persons that are not eligible to receive Medicaid. General Assistance funds are 100% county funds that are used for various crisis based needs.

10. How much and how often can an individual apply for GA?

The maximum benefit per consumer is \$100.00 per year.

Adult Services

1. What is CAP?

CAP is the Community Alternative Program for disable adults and children.

2. Is there a waiting list for CAP?

Yes, the wait time to get on the program is six to eight months.

3. How can I get on the CAP program?

You must have Medicaid and qualify for long term level of care, and remain in the community, with formal and informal services and support.

4. What do I do if an adult is being abused, neglected, or exploited?

Call the Department of Social Services (DSS), and ask for the Adult Protective Services Worker and make a report.

5. Who can make a report?

Anyone who has just cause to suspect that an adult is being abused, neglected or exploited.

6. What if the adult is in a facility? Call DSS and ask for the Adult Home Specialist and make the report. The Adult Home Specialist goes to the Family Care and Adult Care Homes to monitor and investigate complaints.

7. What is Special Assistance- In-Home? (SA-IH)

SA-IH provides an alternative to placement for individuals who could live at home safely with additional support services.

8. How can I qualify for SA –IH?

You must have Medicaid and qualify for rest home level of care.

9. What is In-Home Services?

This service is for individuals that do not have Medicaid, and want to remain in one's home rather than in a group home setting.

10. Do you offer services for the blind?

Yes, Social Services have a Social Worker in the Ahooskie Office to assist anyone who is in need of services.

Child Protective Services

1. What is Abuse, Neglect and Dependency?

Abuse:- Any juvenile less than 18 years of age whose parent, guardian or caretaker inflicts or allows to be inflicted upon the juvenile a serious physical injury by other means than accidental.

Neglected Juvenile: Any juvenile who does not receive proper care or supervision or discipline from the juvenile's parents, guardian or caregiver or has been abandoned.

Dependent: A juvenile in need of assistance or placement because he or she does not have a parent or guardian that is willing or able to care for them.

2. **Who is considered to be a juvenile?** Any person who has not reached the person's 18th birthday and is not married, emancipated or a member of the armed forces of the United States.
3. **Who can make a report?** North Carolina General Statutes (NCGS 7B301) states that any person or institution who has cause to suspect that any juvenile is abused neglected or dependent or has died as a result of maltreatment can make a report. You can remain anonymous.
4. **How can I make a report?:** Any person can make a report by calling the Hertford County Department of Social Services during business hours of 8:30-5pm. All after hour calls can be directed to Hertford County Sheriff's Department (358-7800).
5. **What happens after a report has been made?** The report will be accepted as an Investigative or Family Assessment and screened in by the Supervisor. The investigative Approach can last up to 30 days or longer and a family assessment can last up to 45 days or longer. If there are other concerns beyond the investigation or family assessment process, the case can then be transferred to Child Protective Services (CPS) In Home Services where services and resources will be implemented to assist the families.
6. **What is safe surrender?** North Carolina Safe Surrender law allows an overwhelmed parent to surrender a baby up to 7 days old to any responsible adult (meaning you). One can take the baby to the local hospital, fire department, Sheriff's Department, Police Department etc.
7. **How can I obtain custody of my children?** In order to obtain custody of a child who is not involved with Hertford County DSS, one must obtain an attorney.

8. **What is foster care?** Foster care is a temporary placement of children who have been abused, neglected or dependent juveniles. These homes have been approved and licensed to provide a safe, nurturing and loving environment.
9. **How can I become a foster parent?** One would have to take the Model Approach for Partnership (MAPP) in parenting training in which is a 10 week course. Call any Social Worker in Child Protective Services (CPS) for further information on how to foster a child.
10. **Can I make a report on an unborn child?** One can make a report on an unborn child, but the agency cannot investigate abuse on unborn children, however after the baby has been born, if there are indicators of abuse and neglect the agency will access the report accordingly.

Child Care Services

1. How do I apply for Child Care Subsidy Services?

Anyone can apply for Child Care Subsidy Services through the local department of Social Services.

2. Who is eligible to receive Child Care Subsidy Services?

Eligibility requirements for receiving Child Care Subsidy Services requires that the responsible adult is working and/or enrolled in education/training activities that may lead to employment.

3. How long can I receive Child Care Subsidy Services?

The length of time that you can receive services is based on each client's individual situation. Your case will be re-evaluated yearly according to policy and when you report changes to determine eligibility. As long as one is working or in school you can continue to receive services as long you meet the requirements of policy.

4. What are the age requirements to receive Child Care Subsidy Services?

The age requirements to receive Child Care Subsidy Services are from birth to the age of 12.

5. Why do I have to be put on a waiting list?

Social Services have a specific budget to provide Child Care to families who are income eligible. Once the funds are no longer available clients will have to be entered onto the waiting list.

6. Why do I have to pay a parent fee?

All families who are eligible for Child Care Services based on their countable income will be required to pay a parent fee for a portion of the cost of Child Care Services. This allows the parent to share in the responsibility of providing Child Care Services for their child.

7. What happens if I fail to meet my yearly review?

When the notice of review is mailed to the client, a copy is also mailed to the child care provider. It is important to maintain open communication with your provider and caseworker and keep your contact information up to date, such as your address and phone number. If you fail to meet your review will result in your case being terminated.

8. What would cause me to lose my child care services?

Any individual who intentionally does not report changes such as, increase in wages, loss of employment, all individuals who reside in the household, but continues to receive services may be reported to the Fraud Investigator, and may result in termination of services and could possibly be prosecuted.

9. Can I have more than one child care provider?

Each Child Care Case is screened differently and it also depends on the need and the Plan of Care for the Child.

10. Will DSS pay for a parent or any other relative to pay for my Child?

No, DSS will not pay for a parent or other relative to care for your child. Child Care must be provided by state licensed Child Care Facility.

Medicaid Transportation

1. What is Non Emergency Medical Transportation (NEMT)?

Transportation to and from medical services on a non emergency basis. If you feel that your medical appt is an emergency please call 911.

2. Can I live in another County and receive Medical Transportation in Hertford County?

The County where the beneficiary resides is responsible for arranging, providing and requesting reimbursement for transportation.

3. Who is eligible to receive Medical Transportation?

All clients who receive full Medicaid, however if one receives Medicaid MQB-Q, B, or E is not eligible to receive.

4. Can I go to a Medical Provider outside of the County where I live?

DSS is required to arrange transportation to medical services which are the closest to the client's place of residence, however, if the client requests transportation at a greater distance, a Medicaid Transportation Exception Verification form must be completed by their doctor justifying that medical services is needed at a greater distance.

5. How Can I apply for Medicaid Transportation?

One could come into the local department of Social Services and apply or an application can be mailed to the address that you have listed.

6. Who will transport me to all of my appointments?

If you have a family or friend who will be willing to transport you to your appointments, DSS can offer them mileage reimbursement for transporting you. If you do not have a family or friend, DSS will make arrangements with the two contracted vendors listed as Gates County Inter-Regional Transportation System (GITS), Choanoke Public Transportation Authority (CPTA), or through our local Community Social Services worker.

7. What will happen if I fail to cancel a schedule appointment?

A first missed trip without good cause will result in counseling by phone, (by letter if the client cannot be reached by phone).

8. Can I still get transportation if I am in a wheel chair?

Yes. Our transportation vendors have wheel chair accessible vehicles.

9. How do I become a Transportation vendor for DSS?

A written contract, signed by the vendor, must be obtained by the agency when purchasing private transportation. You can speak to the Transportation Supervisor for further information on how to enter into a contract. (252-358-7830) Jacqueline White.

10. If I do not have Medicaid, can you still help me with Transportation.

Yes. There are other funds that can assist you with Transportation by the state called Rural Operating Assistance Program funds (ROAP). These funds are for the elderly (60 years of age) or higher and who has a disability. A disabled person is defined as one who has a physical or mental impairment that substantially limits one or more life activities.

