



OFFICIAL NOMINEE
APPLICATION
FOR
APPOINTMENT
BY THE
SOCIAL SERVICES COMMISSION
TO THE
COUNTY BOARD
OF
SOCIAL SERVICES

**North Carolina Department of Health and Human Services
Division of Social Services
Social Services Commission**

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary



Sherry S. Bradsher, Director
James H. Sears, Chairman

**CONGRATULATIONS ON YOUR NOMINATION FOR APPOINTMENT TO THE
_____ COUNTY BOARD OF SOCIAL SERVICES**

This is one of the most important volunteer appointments to a board the county has to offer, and your service will be subject to the following conditions and requirements:

YOU MUST BE WILLING to serve as an advocate for the interest of the County Department of Social Services, employees of the County Department of Social Services and the clients of the County Department of Social Services;

YOU MUST BE WILLING to work to increase public understanding, acceptance and support of social services programs by being a liaison between the County Department of Social Services, public officials and the public at large;

YOU MUST BE WILLING to promote closer working relationships between the Social Services Board and the County Commissioners;

YOU SHALL BE EXPECTED to be prepared for all Board of Social Services meetings by reading advance materials prior to the board meeting;

YOU SHALL BE EXPECTED to attend educational training related to board member duties and responsibilities and to attain a working knowledge of the many services offered by the County Department of Social Services;

YOU SHALL BE EXPECTED to devote the time, attention and effort needed to fulfill board member duties and participate actively and constructively in the business of the Social Services Board.

YOU SHALL BE EXPECTED to attend the Social Services Board meetings and other public meetings as necessary in support of the Social Services Board and the County Department of Social Services;

YOU SHALL BE EXPECTED to be informed concerning facts related to social and economic needs of the community;

YOU SHALL BE EXPECTED to obtain and read a copy of the booklet "*Serving on the County Board of Social Services*" before you are appointed to the board. Copies of this Nomination Form and the booklet can be downloaded at the following website: <http://www.dhhs.state.nc.us/dss/sscommission/nomination.htm>. Copies can also be obtained at the Chamber of Commerce, County Commissioner's Office and County Department of Social Services.

I UNDERSTAND THE ABOVE CONDITIONS AND AGREE TO ADHERE TO THE CONDITIONS AND REQUIREMENTS IF APPOINTED TO SERVE:

SIGNATURE OF NOMINEE: _____

G.S. 108A-1-11
NOMINEE APPLICATION FOR APPOINTMENT BY THE SOCIAL SERVICES COMMISSION
TO THE _____ COUNTY BOARD OF SOCIAL SERVICES

TERM: _____

ANSWER ALL QUESTIONS IN ORDER TO BE CONSIDERED FOR APPOINTMENT
DO NOT SEND RESUME, EXCEPT AS ATTACHMENT ONLY

-
1. NAME: _____

 2. MAILING ADDRESS: _____
EMAIL ADDRESS: _____
COUNTY OF RESIDENCE: _____ FAX #: _____

 3. TELEPHONE: HOME: _____ BUSINESS: _____ CELL: _____

 4. ETHNIC BACKGRND: BLACK _____ NATIVE AMERICAN _____ WHITE _____ HISPANIC _____ OTHER _____

 5. SEX: MALE _____ FEMALE _____

 6. AGE _____

 7. OCCUPATION: OR RETIRED FROM: _____
(FORMER OCCUPATION)

 8. EDUCATIONAL BACKGROUND: HIGH SCHOOL COLLEGE GRADUATE SCHOOL
DEGREE _____ DEGREE _____

 9. RELATED EXPERIENCE: (BOARDS & VOLUNTEER SERVICE IN PAST 5 YEARS) _____

 10. CURRENT COMMUNITY INTERESTS & ACTIVITIES (AND AWARDS OR RECOGNITIONS): _____

 11. IS NOMINEE A CURRENT COUNTY SOCIAL SERVICES BOARD MEMBER? YES _____ NO _____
IF YES, DATE OF ORIGINAL APPOINTMENT AND APPOINTING AUTHORITY: _____

 12. IF NO, HAS NOMINEE SERVED PREVIOUSLY ON A COUNTY SOCIAL SERVICES BOARD? YES _____ NO _____
IF YES, GIVE DATES AND COUNTY: _____

 13. IS NOMINEE CURRENTLY A COUNTY COMMISSIONER?: YES _____ NO _____

 14. IS NOMINEE A FORMER EMPLOYEE OF THE DSS?: YES _____; WHEN _____ NO _____

 15. DOES THE NOMINEE'S IMMEDIATE FAMILY MEMBER WORK FOR THE COUNTY DEPARTMENT OF SOCIAL SERVICES IN THE SAME COUNTY? "IMMEDIATE FAMILY MEMBER" FOR THE PURPOSE OF THIS APPOINTMENT IS DEFINED AS A SPOUSE, PARENT, SIBLING, CHILD, GRANDPARENT, GRANDCHILD, STEPPARENT, STEPCHILD, MOTHER-IN-LAW, FATHER-IN-LAW, DAUGHTER-IN-LAW, BROTHER-IN-LAW, SISTER-IN-LAW, AUNT, UNCLE, NIECE OR NEPHEW. YES _____ NO _____

 16. BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD AND HOW YOU WILL ASSIST THE WORK OF THE BOARD: _____

**RESTRICTIONS
COUNTY SOCIAL SERVICES BOARD MEMBERSHIP**

G.S. 108A-3: Residential Qualifications
Each member of the county social services board "...shall be bona fide residents of the county from which they are appointed to serve..."

G.S. 108A-4: Term of Appointment
"Each member of a county board of social services shall serve for a term of three years. No member may serve more than two consecutive terms. Notwithstanding the previous sentence, the limitation on consecutive terms does not apply if the member of the social services board was a member of the board of county commissioners at any time during the first two consecutive terms, and is a member of the board of county commissioners at the time of reappointment."

G.S. 108A-6: Member Filling an Unexpired Term
All appointments made to fill vacancies "... shall be for the remainder of the former member's term of office and shall not constitute a term for the purposes of G.S. 108A-4."

G.S. 108A-47: State/County Special Assistance for Adults - Limitations on Payments
"No payment for assistance . . . shall be made for the care of any person in an adult care home that is owned or operated in whole or in part by . . . a member . . . of any county board of social services."

G.S. 108A-55: Medical Assistance Program - Payments
"No payments shall be made for the care of any person in a nursing home or intermediate care home which is owned or operated in whole or in part by a member of . . . any county board of social services..."

G.S. 128-1.1: Dual-Office Holding Allowed
Any person who holds an elective or appointive office in State or local government is authorized by the General Assembly, pursuant to Article VI, Sec. 9 of the North Carolina Constitution to hold concurrently one other appointive office, place of trust or profit, in either State or local government.

10A NCAC 68 .0301: Employment of Relatives of County Board Members
"No person shall be considered for employment in a county department of social services during the time a member of his immediate family is serving on the county board of social services or the board of county commissioners in the same county. **This regulation in no way effects the status of a person who is already an employee of a county department of social services and of whose immediate family member becomes a candidate for or is appointed or elected to the county board of social services or the board of commissioners of the same county.** (emphasis added) 'Immediate family member,' is for purposes of this Regulation defined as a spouse, parent, sibling, child, grandparent, grandchild, stepparent, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, aunt, uncle, niece, or nephew."

10A NCAC 70E .0402(d): Criteria for the Foster Family - County Social Services Board Members
The homes of Agency Employees, Social Services Board Members, and County Commissioners may be licensed if such licensure does not constitute a conflict of interest regarding supervision of children placed in the home. The agency's position concerning conflict of interest questions shall be documented in the family's record.

What State Businesses Licenses Do You Hold? _____

Do You or Your Business Receive Funds of any Type from the DSS? Yes _____ No _____

If Yes, Explain: _____

Do You Have a Current Contract for Services with DSS? Yes _____ No _____

I HAVE READ THE ABOVE RESTRICTIONS ON SERVING ON A COUNTY BOARD OF SOCIAL SERVICES AND UNDERSTAND THE RESTRICTIONS AND DO NOT BELIEVE MY APPOINTMENT WILL VIOLATE ANY OF THE STATUTES OR RULES LISTED ABOVE.

I AGREE TO SERVE IF APPOINTED.

Signature of Nominee: _____

RECOMMENDED BY (NAME, TELEPHONE NUMBER, ORGANIZATION/POSITION, ADDRESS): _____

DATE: _____ **SUBMITTED BY:** _____

PLEASE RETURN SIGNED FORM TO SUSAN DAIL, DIVISION OF SOCIAL SERVICES, 2401 MAIL SERVICE CENTER, RALEIGH, NC 27699-2401.

