

LOG FOR NC HEALTH CHOICE/MEDICAID MAIL-IN APPLICATIONS

(Use to Record All Applications With No Interview By DSS Staff)

FOR INCOMPLETE/INCORRECT COUNTY:

Name of Payee ----- Child's Name	Address	Source of Appl. (H,M)	Date Rec'd	Data Missing -----or----- Name of Correct County of Residence	Date Mailed Back to Client -----or----- Date Mailed to Correct County	Date Rec'd Back From Client	Worker Assigned