

NORTH CAROLINA COUNTY DEPARTMENTS OF SOCIAL SERVICES

REQUEST FOR RECORD

(Instructions on Next Page)

County Requesting Records: _____

Caseworker Name: _____

Enter Name and Address of Office Where Records Are Located Below:

- | | |
|--|--|
| 1. Name: (First, MI, Last)
_____ | Social Security Number:
_____ |
| 2. Aid Program/Category: _____ | 3. Case ID#: _____ |
| 4. County Case #: _____ | <input type="checkbox"/> Pending Application
<input type="checkbox"/> Active Case
<input type="checkbox"/> Inactive Case |
| 5. Please Forward: (Check all applicable items.)
<input type="checkbox"/> Complete Eligibility Record | <input type="checkbox"/> Family Services Record or Summary |
| 6. Recipient Eligible in this County for:
_____ | 7. Date Your Responsibility for Client's Assistance Ends: _____ |
| 8. Date of Request for Record:
_____ | 9. Signature – County Director:
_____ |

NOTICE OF TRANSMITTAL

(Instructions on Next Page)

- | | |
|--|--|
| 1. The following records on the above-named case are attached:
<input type="checkbox"/> Complete Eligibility Record | <input type="checkbox"/> Family Services Record or Summary |
| 2. The date listed above for termination of our responsibility for this case is correct.
<input type="checkbox"/> Yes <input type="checkbox"/> No | 3. If Item 2 is No, enter correct data here:
_____ |
| 4. Signature – County Director:
_____ | 5. Date of Transmittal:
_____ |

REMARKS: (Requesting County)

REMARKS: (Transmitting County)

INSTRUCTIONS

PURPOSE: To request and transmit applicant/recipient case records for Economic Independence and Family Services. Use only when applicants/recipients move from one N. C. County to another N. C. County.

A. Agency Requesting Record(s) -- Complete top half of form only.

1. Number of Copies -- Varies depending on the type and number of records requested. After determining which records are needed, review Chart A below to find the number of copies you must prepare.
2. Request for More than One Record -- Make one request. Send the request to the county department of social services where the applicant/recipient lived before his move.

B. Agency Transmitting Record(s)-- Complete only bottom half of DSS-2216 sent to you.

1. Number of Copies -- Route copies according to Chart B below.
2. Request for More than One Record -- Coordinate the mailing of multiple records to the requesting county.



A. Agency Requesting Records Completes Top Half of Form Only as Shown Below

<u>Records Requested</u>	<u>Copies Prepared by Requesting Co.</u>	<u>Who Initiates</u>	<u>File Copies</u>	<u>Copies to Record Holder</u>
1. PA, Fam. Ser.	4 (including original)	PA caseworker needing record	2	2 (including original)
2. PA only	3 (including original)	PA caseworker needing record	1	2 (including original)
3. Fam. Ser. only	3 (including original)	FS caseworker needing record		2 (including original)

B. Agency Transmitting Records Completes Bottom Half of Form Only as Shown Below

<u>Records Transmitted</u>	<u>Copies Prepared (All Sent by Requesting Agency)</u>	<u>File Copies</u>	<u>Copies Sent With Records</u>
1. PA, Fam. Ser.	2 (including original)	1	2 (including original)
2. PA only	2 (including original)	1	2 (including original)
3. Fam. Ser. only	2 (including original)	1	2 (including original)