

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SOCIAL SERVICES**

**APPENDIX G for SPECIAL ASSISTANCE IN HOME
REQUEST FOR ADDITIONAL SLOTS**

NOTE: Please complete form electronically and email to specialassistance@dhhs.nc.gov.

DATE _____

As _____ County DSS Director, I, _____,

authorize Special Assistance to increase our current number of slots [_____ (#)].

We are requesting _____ (#) new slots bringing us to a new total of _____ (#).

_____ County DSS continues to participate in the SA In Home Program following the SAIH policies and procedures established by the Division of Social Services.

I designate the following individual as the DSS agency contact for this program:

Name: _____

Telephone: _____

E-mail address: _____