NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
STATE/COUNTY SPECIAL ASSISTANCE

DOCUMENTATION REGARDING CONTINUATION OF SPECIAL ASSISTANCE WHEN THE LEVEL OF CARE IS UPGRADED, BUT NO BED AVAILABLE

Case Name: _____ Date: _____

County Case: _____ Case ID: _____

Ind. ID: _____

Received: _____

1. **Upgraded** FL-2/MR-2 dated: _____

2. Recommended level of care: _____

3. Date you or services staff notified of the upgraded FL-2/MR-2: _____

4. Is a bed available at the upgraded level of care? ☐ yes ☐ no

   If **yes**, terminate SA benefits. Transfer the case to M-AABD if appropriate
   If **no**, go to the next step.

5. Monthly Placement Progress Notes

DATE OF CONTACT WITH SERVICES STAFF	NAME OF SERVICES STAFF	PLACEMENT NOTES	CASEWORKER'S INITIALS