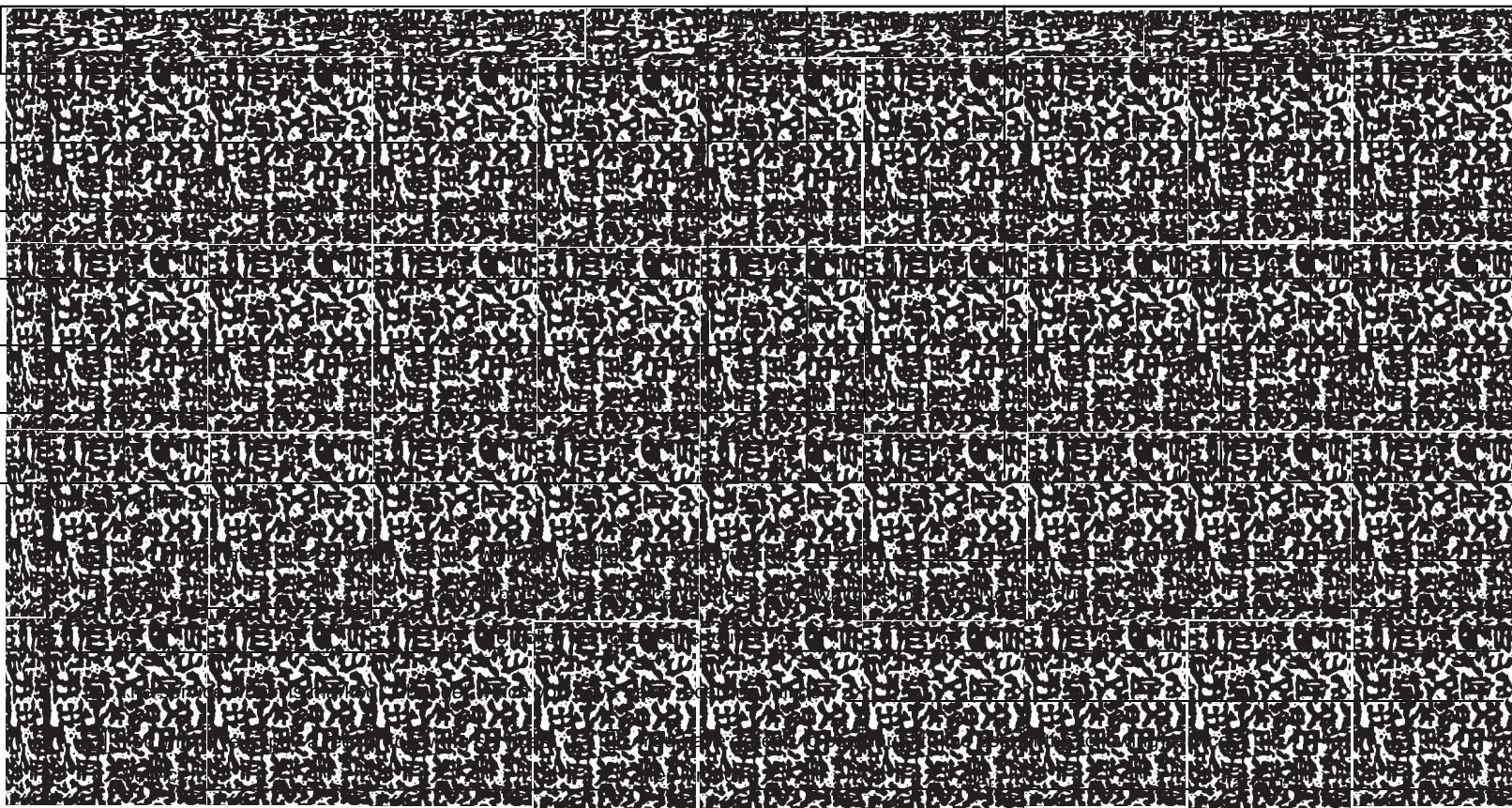


NORTH CAROLINA DIVISION OF SOCIAL SERVICES
SERVICES INFORMATION SYSTEM
CLIENT ENTRY FORM

DATE _____

A. Client Identifying Information

1 CLIENT ID	1A MD CL	2 CLIENT NAME, LAST			FIRST	MI
3 CLIENT SOCIAL SECURITY NO.	4 DATE OF BIRTH	5 COUNTY	6 COUNTY CASE NO	6A FED TRIBE	7 OTHER	



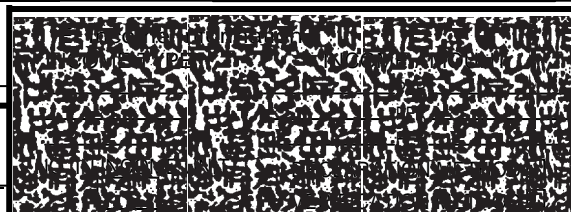
D. Purchase of Service

The provider is authorized / no longer authorized to claim reimbursement for _____ Beginning _____
Provider _____ Provider ID _____

Client Address: _____ Funding source(s) _____

Client Phone: _____

The provider is responsible for collecting the consumer contribution:
Amount _____ per _____ Starting _____



F.

Social Worker's Signature _____ Date _____

