

Email signed request to linksreimbursement@dhhs.nc.gov

REQUEST FOR REIMBURSEMENT OF LINKS SPECIAL FUNDS

Please reimburse the total amount for housing funds _____ and the total amount for transitional funds _____ to the _____ County Department of Social Services for funds spent on behalf of the following individuals. I certify that the individuals listed below are 1) eligible under the guidelines specified by the LINKS program; 2) were authorized for services through the NCDSS Services Information System and 3) that expenditures for which reimbursement is claimed were allowable and appropriate according to LINKS policy.

Certified by _____, Position _____ Date _____

NAME	DOB	SIS ID	HOUSING Rent, rent deposits, room and board, or down payments on dwellings for aged out young adults 18 to 21 (up to \$1500)	TRANSITIONAL Reimbursement for expenditures directly related to achievement of LINKS positive outcomes. Ages 14 to 21. (up to \$3000)	One-Time Special Allowance Transitional funds for a special that do not count towards a young person's transitional funds.	Items/Service Purchased (list in detail the items/service purchased for youth/young adult)	LINKS Outcome(s) List all LINKS outcome goal numbers connected to item or service purchased <ol style="list-style-type: none"> 1. Economic self-sufficiency 2. Safe and stable place to live 3. Academic/vocational preparation 4. Personal support network of 5+ caring adults 5. Avoidance of high-risk behaviors 6. Postponed parenthood 7. Access to needed health care 8. Normalcy

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TOTALS per fund							