

SA Continuous Quality Improvement Team Policy Question Submission Form

**For Local Department of Social Services use only
Questions must be submitted by Supervisors, Lead Workers, or Trainers only**

Your Contact Information:

Name:	
Position:	
Email Address:	
Phone Number:	
Local Agency:	

Program Area and Policy Sections Researched:

Program:	
Program Area:	
Policy Sections Researched:	

Case Identifier and Question

Type:		Number:	
Question:	<ul style="list-style-type: none"> Give as much detail as possible If there are details you cannot list here, you may request that we call you for more detail We will contact you by phone or email if we need additional information / Do not use any confidential information in this form Only submit questions on one case per submission 		

Question:

Response:

Date of response: _____ CQI Specialist name: _____

Email form to: specialassistance@dhhs.nc.gov

Please do not email your CQI Specialist directly.