

FOOD AND NUTRITION SERVICES (FNS)

QUALIFIED PROFESSIONAL IN SUBSTANCE ABUSE REQUEST FOR GOOD CAUSE

This referral form must be completed by a Qualified Professional in Substance Abuse (QPSA) when a Food and Nutrition Services (FNS) applicant or recipient requires a Substance Use Disorder (SUD) assessment within the application/recertification timeframe. This form is used to inform the county Department of Social Services (DSS) if the FNS applicant/recipient has good cause for not completing the required SUD assessment. If good cause can be determined by QPSA the applicant/recipient will not lose their benefits due to the following reason(s):

- QPSA unable to schedule appointment for assessment within 30 days
- Applicant/Recipient unable to complete assessment due to health/transportation
- Other _____

DSS Agency Information

Agency County _____ Date Request Received _____
FNS Contact Person _____ Title _____
Telephone No. _____ Email _____

QPSA Agency Information

Agency Name _____ Date of Request _____
Person making request _____ Title _____
Telephone No. _____ Email _____

Please contact me for more information.

Signed Consent for Release of Confidential Information (DSS-8219) Attached

Substance Use Information (DSS- 8215) provided to applicant/recipient Yes No

DSS-9001 (Revision Date 4-2023)

The North Carolina Department of Health and Human Services and the Division of Child and Family Well-Being do not discriminate against any person on the basis of race, color, national origin, disability, sex, or age in the admission, treatment, or participation in its programs, services and activities, or in employment.