

Scan and email signed request to linksreimbursement@dhhs.nc.gov

County # _____

OR

FAX signed request to NC LINKS Coordinator @ (919) 334-1097

REQUEST FOR REIMBURSEMENT OF LINKS SPECIAL FUNDS

Please reimburse (Total amount due) _____ 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 _____

PLEASE PRINT INFORMATION CLEARLY

			HOU	LTF	
NAME	DOB	SIS ID	<u>Housing</u> Rent, rent deposits, room and board, or down payments on dwellings for aged out young adults 18 to 21 (up to \$1500)	<u>LINKS Transitional Funds</u> Reimbursement for expenditures directly related to achievement of LINKS positive outcomes. Ages 13 to 21. (up to \$3000)	List actual item or service purchased. (List LINKS outcome goal number next 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
TOTALS per fund					