

FORM I.D.

ELIGIBILITY INFORMATION SYSTEM & CHILD PLACEMENT INFORMATION TRACKING SYSTEM  
NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF SOCIAL SERVICES

FORM I.D. box

COUNTY CASE NUMBER

COUNTY CASE NUMBER box

ENERGY

YES

NO

County Department of Social Services

REQUEST FOR REPLACEMENT CHECK

A replacement check is requested for the recipient shown below who affirms that the original check has not been received for the reason stated below.

SIS I.D.

SIS I.D. box

CASE I.D. CD

CASE I.D. CD box

CHECK AMT.

CHECK AMT. box

CHECK NUMBER

CHECK NUMBER box

DATE OF CHECK  
Mon. Day Year

DATE OF CHECK box

COMPLETE THIS ENTIRE SECTION ONLY IF ADDRESS HAS CHANGED

ADDRESS Line 1

ADDRESS LINE 2

ADDRESS Line 1 and ADDRESS LINE 2 boxes

CITY STATE ZIP box

INSTRUCTIONS: 1. Do not use this form to request that the State Office correct or change a check in any way. Use only to request replacement check.  
2. Copy identifying data from check register.

REASON FOR REPLACEMENT. (Give full explanation, continue on back if necessary)

CONTACT PERSON Email Address PHONE# COUNTY DIRECTOR'S SIGNATURE: DATE SIGNED

AFFIDAVIT - PAYEE

AFFIDAVIT -SECOND PAYEE

being duly sworn deposes and says the following:  
1) That I am the payee named in the check listed above, drawn by the State of North Carolina on the Public Assistance Fund;  
2) That I have not received, endorsed nor cashed same;  
3) That if the check comes to me, I will immediately return it to the County Department of Social Services shown above. I will not endorse or cash same;  
4) I have not authorized anyone to endorse or cash and I will not authorize anyone to endorse or cash same;  
5) That I will report to the County Department of Social Services any and all information that I learn about this lost check.

Signed \_\_\_\_\_

Witness \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary \_\_\_\_\_

My commission expires \_\_\_\_\_

being duly sworn deposes and says the following:  
1) That I am the payee named in the check listed above, drawn by the State of North Carolina on the Public Assistance Fund;  
2) That I have not received, endorsed nor cashed same.  
3) That if the check comes to me, I will immediately return it to the County Department of Social Services shown above. I will not endorse or cash same;  
4) I have not authorized anyone to endorse or cash and I will not authorize anyone to endorse or cash same;  
5) That I will report to the County Department of Social Services any and all information that I learn about this lost check.

Signed \_\_\_\_\_

Witness \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary \_\_\_\_\_

My commission expires \_\_\_\_\_