

**NORTH CAROLINA DIVISION OF SOCIAL SERVICES
SERVICES INFORMATION SYSTEM
CLIENT ENTRY FORM**

DATE _____

A. Client Identifying Information

1 CLIENT ID	1A MD CL	2 CLIENT NAME, LAST	FIRST	MI	
3 CLIENT SOCIAL SECURITY NO.	4 DATE OF BIRTH	5 COUNTY	6 COUNTY CASE NO	6A FED TRIBE	7 OTHER

B. Service Plan

8 DECISION	9 SERVICES REQUESTED	10 SERVICE CODE	11 DATE REQUESTED	12 DATE TERMINATED	13 REASON	14 SPECIAL USE

C. Notice of Action Taken

- You will be able to receive the service which is marked "Yes" beginning _____ through _____
- After _____ You will not be able to receive the service which is marked "No" because _____
_____ The policy we followed is found _____
- The service which is marked "Change" which you have been receiving will be _____
- You will have to pay a fee for following services: You have agreed to contribute to the cost of the following services:
Service _____ Fee Amount _____ per _____ starting _____

D. Purchase of Service

- The provider is authorized / no longer authorized to claim reimbursement for _____ Beginning _____
Provider _____ Provider ID _____
- Client Address: _____ Funding source(s) _____

Client Phone: _____

- The provider is responsible for collecting the consumer contribution:
Amount _____ per _____ Starting _____

E. Income Information	
INCOME TYPE	INCOME AMOUNT
_____	PER _____
_____	PER _____
_____	PER _____
NO. IN INCOME UNIT <input type="checkbox"/>	DECLARATION METHOD <input type="checkbox"/>
	VERIFICATION METHOD <input type="checkbox"/>

F.

Social Worker's Signature _____ Date _____

- G.** If you disagree with any action checked above or if you think the information used to make the decision was incorrect, you have the right to ask for a hearing. Instructions on the back of the form will tell you how to ask for a hearing.
- By signing below, you are saying that you have given correct and complete information. Date of signature _____
- Signature _____ Witness _____

COMMENTS:

H. Client Information

15 CASE MANAGER NAME, LAST	FI	MI	16 CASE MANAGER NO.	17 LOCAL USE	18 STATE USE	
19 SPECIAL AREAS	20 REASON	21 LEGAL STATUS	22 LIVING ARR.	23 SEX	24 RACE	
25 IN SCHOOL		26 HIGHEST GRADE		27 LANG	28 SPEC ED	29 RACE DECLINED

TO:

This form is being sent to notify you of action taken regarding the request/receipt of social services. The action(s) being taken is outlined in Section C of this form.

This form also serves as your record of the information provided by you and used in determining eligibility for services.

Your signature in Section G of the form certifies that you have been made aware of and agree to the rights and responsibilities contained in the following statement. Do not return this letter. Keep it for your records.

Application Statement

I understand that for certain services I am responsible for providing the department of social services with income information necessary to determine the eligibility for the services requested. The information provided by me is reflected on this form and represents a true and complete statement of the facts according to my best knowledge. I understand that it is against the law for me to make false statements or to withhold information affecting eligibility and that I am subject to prosecution if I do. I also understand the information provided by me may be subject to verification and that I may be asked (at this time or at a later date to provide documentation which supports the information I provide. I agree to notify the agency within five days of any changes in address, employment, income, living arrangement or, of family size.

I Understand that the information I provide will be held in strict confidence and will not be revealed to anyone without my written consent except for information necessary to authorize the provisions of service and establish eligibility, and information that may be revealed in the course of agency audits and monitoring. I hereby give consent for release of information by the Social Security Administration needed to determine edibility for services.
I understand that certain services may involve a fee based on my gross family income. These services are: Day Care Services for Adults and Children, In-Home Aide Services, Personal and Family Counseling and Preparations and Delivery of Meals.

I also certify that I am not being forced to request or to accept any service against my wishes.
I understand that I have a right to request and obtain a fair hearing if the agency does not act upon my request with reasonable promptness (i.e., within 30 days of the date services are requested) and /or if I disagree with agency's action in response to my request. I understand that the agency's decision in no way affects Medicaid, Work First, Food Stamps or any other services, assistance, or income. If eligible, I understand the services will be provided or arranged within 15 days of notification if such services are available.

How to Get a Fair Hearing

If you wish to request a fair hearing, you must contact the county department of social services with sixty (60) days after this letter was mailed. A hearing will be scheduled for you with an official of the county department of social services. If you are dissatisfied with the decision made at that hearing, you may have a hearing with an official from the State Department of Human Resources.

At either of these hearings you may have someone such as a relative or friend represent you. You may have an attorney represent you, but you may need to pay for his/her services yourself, unless free legal services are available in in your community. If you are interested in free legal services, contact your worker.

If your request for services was denied and you wish to request a fair hearing, you must contact the county department of social services within sixty (60) days after this letter was sent. If your services were terminated or modified and you wish to request a fair hearing, you must contact the county department of social services within 60 days after the effective date entered in Section C on the front of this letter.

If your services were terminated or modified for any reason other than lack of public funds to pay for them, you may keep receiving your services until the local hearing decision if you ask for a fair hearing on or before the date entered in Section C on front of the letter. However, if your hearing shows that the decision was correct, you may have to repay the cost of the services you received while waiting for the hearing. If you do not wish to continue to receive the services as before you may ask your worker to stop them. If you have any questions or want further information, please contact your worker as soon as possible.