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

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 A	rea:				
Policy Sec	tions Re	esearched:			
Case Identifier and Question					
Type:				Number:	
Question:		e as much detail as possible			
		nere 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					

Email form to DSS.Policy.Questions@dhhs.nc.gov. Please do not email your CQI Specialist directly.

Note: Do not use this form for Program Integrity Questions. Submit program integrity questions to e-mail address DSS.PI.Questions@dhhs.nc.gov.