North Carolina Department of Health and Human Services Division of Social Services

SUPPLEMENTAL BOARD PAYMENT FOR HIV POSITIVE FOSTER CHILDREN REQUEST FOR REIMBURSEMENT

CASEMANAGER INFORMATION													
COUNTY	LAST NAME	FI	MI		TELEPHONE NUMBER								
				()									

CHILD(REN) INFORMATION																												
	SIS	IDE	IDENTIFICATION NUMBER LAST NAME FIRST NAME							FIRST NAME	DATE OF BIRTH									DATE				FUND		HIV CODE	FACILITY CODE	
1												M	M	D	D	Y	Y				M	M	Y	Y	IV-E	STATE		
2																												
3																												
4																												
5																												
6																												
7																												
8																												
9																												

For each child attach the Statement of Qualifying Diagnosis from the child's physician verifying each child's medical status.

Submit form to: Child Welfare Services 820 S. Boylan Ave. 2408 Mail Service Center Raleigh, NC 27669-2408 Courier # 56-20-25~Telephone # (919) 527-6340 Fax # (919) 334-1097

DSS-5758 (Rev. 10/2013) Child Welfare Services