

10A NCAC 67A .0107 FORMS

- (a) In order to comply with federal and State reimbursements, each county department of social services shall complete forms set forth in this Rule.
- (b) Form DSS-4263 shall be completed by the county services workers when time is spent providing direct service activities to meet reporting requirements at the federal, State and local levels and shall provide the basis for county reimbursement. Form DSS-4263 shall include the date, county provider name, worker identification number, client name, type of service provided, and minutes spent with client. All required fields must be completed and required fields not completed shall be considered an error and returned to the worker.
- (c) Form DSS-5027 shall be completed by the case manager for each client requesting social services to document a client request or application for social services. All required fields must be completed and required fields not completed shall be considered an error and returned to the worker. Clients may refuse to provide their social security numbers and shall not be denied benefits, but the worker identification numbers of case managers are required.

History Note: *Authority G.S. 75-62; 143B-153; 2 CFR 200;*
 Eff. August 15, 1980;
 Amended Eff. September 1, 2008; December 1, 2007; March 1, 1990; January 1, 1983;
 Readopted Eff. September 1, 2019.