

**FUNDING AUTHORIZATION
SFY 11-12**

AUTHORIZATION # 1

County _____

Program: **State Adult Day Care Fund** (were applicable*)
Fund Source: Social Services Block Grant and State Funds
Grand Total Adult Day Care Fund Allocation \$ _____

Program: **State In-Home Fund**
Fund Source: Social Services Block Grant
Grand Total State In-Home Fund Allocation \$ _____

Program: **Adult Care Home Case Management Fund** (were applicable*)
Fund Source: Medicaid and State Funds
Grand Total Adult Care Home Case Management Fund Allocations \$ _____

Program: **Adult Home Specialist Fund** (were applicable*)
Fund Source: State Funds
Grand Total Adult Home Specialist Fund Allocation \$ _____

Program: **Adult Protective Services Fund** (were applicable*)
Fund Source: State Funds
Grand Total Adult Protective Services Fund Allocation \$ _____

* Indicate \$0 funding if county does not receive program funding

Obligations incurred and expenditures made under this advice will be subject to limitations published by federal and state agencies as to the availability of funds.

Helen Tack for Dennis Streets

Division of Aging and Adult Services Director/Designee August 15, 2011
Date

Accepted by: _____
County Director Signature Date

Please mail or email a signed copy to:

Helen Tack, Budget Officer
NC Division of Aging and Adult Services
2101 Mail Service Center,
Raleigh, NC 27699-2101 helen.tack@dhhs.nc.gov