

North Carolina Division of Social Services Regulatory and Licensing

The Perfect DSS 5015

- Complete each field.
- Field 2 – County #
- Field 5 – Physical address of applicants (PO Box unacceptable)
- Field 7 & 14 – First Name, Last Name (no nicknames)
- Field 10 & 17 – Race Codes
- 01 – White (non Hispanic or Latino)
- 02 – White (Hispanic or Latino)
- 03 – Black (non Hispanic or Latino)
- 04 – Black (Hispanic or Latino)
- 05 – American Indian or Alaskan Native (non Hispanic or Latino)
- 06 – American Indian or Alaskan Native (Hispanic or Latino)
- 07 – Asian (non Hispanic or Latino)
- 08 – Asian (Hispanic or Latino)
- Field 22 – Other = Both Sexes
- Field 27 – either 1) Foster Care or 5) Therapeutic Foster Care or 2) Kinship/Relative
- Field 29 – Only for Household Members age 18 and over

“Things to Remember”

- -Do not mark in the box labeled "State Office Use Only".
- -Please type or use black ink only
- -Please submit the most recent
- **pre-printed 5015 from our office when submitting applications (apart from New Applications)**