

Emergency Placement Fund Reallocation Survey

May 29, 2024

Please complete this survey and submit to emergency_placement_fund@dhhs.nc.gov no later than **Monday, June 3, 2024**. Thank you.

County Name: _____

Director Name: _____

Does your county have a need for additional **Emergency Placement Funds** for the current program year?

YES _____ NO _____

If yes, please indicate the amount you would like to request if available.

\$ _____
Amount Requested

Director Signature: _____

Date: _____