

1 **10A NCAC 67A .0107 FORMS**

2 (a) In order to comply with the budgeting, planning and reimbursement requirements of G.S. Chapter 108A and ~~45~~
3 ~~CFR 228.17,45~~ CFR 431.16 each county department of social services shall complete all forms specified by the
4 Department of Health and Human Services.

5 (b) The forms, initial service client information record, and service client information change notice, shall be
6 completed by the case manager for each client requesting social services. All required fields must be completed and
7 required fields not properly completed shall be considered an error and returned to the worker. Clients may refuse to
8 provide their social security numbers and shall not be denied benefits, but the worker identification numbers of case
9 managers are required in order to allocate costs for federal financial participation.

10 (c) The form, worker daily report of services to clients, shall be completed by the county services workers and division
11 of services for the blind services workers. This form provides information to meet reporting requirements at the
12 federal, state and local levels and will provide the basis for county reimbursement. All required fields must be
13 completed and required fields not properly completed shall be considered an error and returned to the worker. The
14 worker identification numbers of service workers are required in order to allocate costs for federal financial
15 participation.

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17 *History Note: Authority G.S. 75-62; 143B-153; ~~45 CFR 228.17;45~~ CFR 431.16; 5 USC 552a;*

18 *Eff. August 15, 1980;*

19 *Amended Eff. September 1, 2008; December 1, 2007; March 1, 1990; January 1, ~~1983-1983~~;*

20 *Readopted Eff. July 1, 2019.*

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