***Appendix G SA-IH case Management Manual***

**REQUEST FOR ADDITIONAL SLOTS**

**FOR COUNTY DSSs PARTICIPATING IN THE**

**SPECIAL ASSISTANCE IN-HOME (SA/IH) PROGRAM**

NOTE: Please complete form electronically and email to specialassistance@dhhs.nc.gov .

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**As \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County DSS Director, I, ,**

**authorize DAAS to increase our current number of slots [ \_\_\_\_\_\_\_\_(#)].**

**We are requesting \_\_\_\_\_\_\_\_(#) new slots bringing us to a new total of (#)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_ County DSS will continue to participate in the SA In-home Program**

 **and will follow the SA/IH policies and procedures established by the Division of**

**Aging and Adult Services.**

 **Aging and Adult Services.**

**I designate the following individual as the agency contact for this program:**

Name:

 Telephone:

E-mail address:

**I designate the following individual as the agency contact for this program:**

Name:

 Telephone:

E-mail address:

**I designate the following individual as the agency contact for this program:**

Name:

 Telephone:

E-mail address: