Scan and email signed request to [linksreimbursement@dhhs.nc.gov](mailto:linksreimbursement@dhhs.nc.gov) County # \_\_\_\_\_\_\_\_

REQUEST FOR REIMBURSEMENT OF LINKS COVID-19 FUNDS

Please reimburse (total amount due) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Department of Social Services for funds spent on behalf of the following individuals. I certify the individuals listed below are 1) eligible under the guidelines specified by the Dear County Director Letter addressing these funds; and 2) the expenditures for which reimbursement is requested are allowable and appropriate according to the Dear County Director Letter addressing these funds.

Certified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE PRINT INFORMATION CLEARLY

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| --- | --- | --- | --- | --- | --- |
| **Name** | **Date of Birth** | **SIS or CNDS ID** | **LINKS COVID HOUSING**  This includes rent, rent deposits, room and board, or down payments on dwellings for aged out young adults ages 18 to 21 | **LINKS COVID TRANSITIONAL LIVING**  Reimbursement for expenditures directly related to the achievement of LINKS program purposes and/or needs resulting from the impacts of COVID-19 | **List Actual Item or Service Purchased** |
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|  |  | **Totals per funds** |  |  |  |