

Send to: LINKS Coordinator  
 Children's Services Section  
 NCDSS  
 MSC 2408  
 Raleigh, NC 27699-2408

County # \_\_\_\_\_

REQUEST FOR REIMBURSEMENT

Please reimburse (Total Amount Due) \$\_\_\_\_\_ to the \_\_\_\_\_ County of Social Services for funds spent on behalf of the following individuals. I certify that the individuals listed are eligible under the guidelines specified by the LINKS program and were pre-authorized for funds access for the special LINKS funds indicated.

Name	DOB	SIS ID #	Scholarship Funds (Amt to \$500)	Trust Fund Aftercare (Amt. To \$500)	Transitional Housing (Amt. To \$1500)	Funds for Extremely High Risk Youth (Amt. To \$1500)
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<b>TOTAL TO BE REIMBURSED</b>			.	.	.	.

Certified by: \_\_\_\_\_ Date \_\_\_\_\_  
 Name, Position