



North Carolina Department of Health and Human Services  
Division of Social Services

325 North Salisbury Street • Raleigh, North Carolina 27603  
Courier # 56-20-25-MSC 2401

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Pheon E. Beal Director  
(919) 733-3055

October 12, 2004

Dear County Director of Social Services

Subject: DSS State Forms Translated into Spanish

More than four (4) percent of North Carolina's citizens speak Spanish as their primary language and Hispanics/Latinos are using services provided by local DSS agencies in growing numbers. The majority of the Hispanics/Latinos that comprise 5.6 percent of the Work First caseload and five (5) percent of the Medicaid caseload do not read nor understand English. To address this on-going challenge, counties have either completed their Title VI (Limited English Proficiency) compliance plan or are in the process of doing so.

In an effort to assist counties and Spanish speaking families in North Carolina, the Division is working to ensure that all forms considered vital for service delivery are translated as soon as possible. To this end, we are pleased to announce that we recently published on the State forms website a number of newly translated forms and documents. These forms can be accessed at <http://info.dhhs.state.nc.us/olm/forms/dss/>.

Attached is a listing of the newly translated forms. Please contact Carlotta Dixon, Title VI/LEP Compliance Coordinator at 919-733-3055, if you have any questions or identify DSS state forms that may need to be translated into Spanish.

Sincerely,

A handwritten signature in black ink that reads "Pheon E. Beal".

Pheon Beal

Pm-Pc-1-2004

<b>DSS Form Number</b>	<b>(English) Form Rev. Date</b>	<b>Form Title</b>
		<b>Child Welfare Forms</b>
1789	12/01	Voluntary Placement Agreement
1800	1/2003	Petition for Adoption of a Minor Child
1802	11/2001	Consent to Adoption by Parent, Guardian Ad Litem, or Guardian
1803	08/2000	Consent of Child for Adoption
1804	01/2003	Relinquishment of Minor for Adoption By Parent or Guardian
1805	08/2000	Revocation of Relinquishment For Adoption
1806	08/2000	Revocation of Consent to Adoption By Parent, Guardian Ad Litem, Or Guardian
1809	01/2003	Affidavit of Parentage
1811	08/2000	Medical Examination
1815	01/2003	Report to Vital Records
5013	07/2002	North Carolina Adoption Assistance Agreement
5102	08/2000	Non-Identifying Background Information
5103	08/2000	Adoption Health History, Part I
5118	08/2000	Denial of Paternity
5125	08/1999	Case Plan - Placement Component (Part B)
5125-I	10/1998	FSCP Independent Living Component (Part D)
5125-III	10/1998	Child Education Status Component
5126	04/1999	Case Plan Review (Part C)
5128	10/1998	Visitation Plan
5143	05/2003	Consent/Authorization for Medical/Mental Health Evaluation
5145	07/1998	Application for Reimbursement of Non-Recurring Adoption Cost
5146	07/1998	Agreement for Reimbursement of Non-Recurring Adoption Cost
5152-II	10/1998	Child Health Status Component
5162	04/2000	Petition for Adoption of a Minor Child (Stepparent)
5163	08/2000	Petition for Adult Adoption
5164	08/2000	Consent to Adoption by Adult Adoptee
5165	08/2000	Consent to Adult Adoption by Spouse of Petitioner
5167	08/2000	Report to Vital Records for Adult Adoption
5168	8/2000	Revocation of Child's Consent To Adoption
5169	8/2000	Consent of Child for Adoption - Stepparent Adoption
5187	08/2001	Family Services Case Plan (Part A)
5188	10/1998	Child Services Case Plan (Part AA)
5189	11/2001	Consent of Adoption By Parent Who is Spouse of Stepparent
5189-I	10/1998	Notice to Parent Regarding Proposed Change in the Placement of Children
5189-II	10/1998	Notice to Parent Regarding a Change in Placement of Children
5190	11/2001	Consent of Adoption By Parent Who is Not The Stepparent's Spouse
5191	08/2000	Affidavit Disclosure of Fees & Expenses
5203	08/1998	Kinship Care Initial Assessment
5204	08/1998	Kinship Care Comprehensive Assessment
5226	04/2002	Risk Reassessment of Abuse/Neglect
5227	04/2002	Reunification Assessment
5228	04/2002	Case Decision Summary/Initial Case Plan
5229	04/2002	Family Assessment of Strengths and Needs
5230	04/2002	Family Risk Assessment of Abuse and Neglect
5231	04/2002	North Carolina Safety Assessment

<b>DSS Form Number</b>	<b>(English) Form Rev. Date</b>	<b>Form Title</b>
		<b>Food Stamp Forms</b>
1678	10/03	Replacement Affidavit
1688	10/03	Designation of Authorized Representative
2435SR	10/03	Notice of Expirations-Semi Annual Recertification Form
2435SRI	10/03	Insert that goes with 2435SR
2435SRII	10/03	Insert that goes with 2435SR
8168I	10/03	Lifeline and/or Linkup
8217	10/03	Electronic Benefit Transfer Account Debit Request
8550SR	10/03	FS Change Report Form for Semi Annual Reporting
8551	10/03	Notice of Eligibility, Denial or Pending Status
8557	10/03	Notice of State Disqualification Hearing Decision
		<b>Food Stamp E&amp;T Forms</b>
8616	10/03	Food Stamp Workfare Registration Form
8628	10/03	Food Stamp Workfare Transmittal
8629	10/03	Explanation of Workfare Non-Compliance
8630	10/03	Non-Compliance with FS Workfare
8640	10/03	Work Registration Responsibilities
8642	10/03	Explanation of Disqualification
		<b>Energy Assistance</b>
8116-I	10/03	LIEP Eligibility Worksheet
8117	10/03	NC Energy Assistance Programs (pamphlet)
8163	10/03	Vendor Agreement
8178A	10/03	Crisis Intervention Worksheet
8185	10/03	Information needed to Complete Your Application
		<b>Refugee Assistance Forms</b>
6230	12/02	Family Self Sufficiency Plan
6231	12/02	Goal Plan
6233	12/02	Client (ELT) Service Plan
6234	12/02	ELT Learner Initial Assessment Form
6235	12/02	Quarterly Review
6236	12/02	Informed Consent For Release Of Information
6237	12/02	North Carolina Client Rights Form
		<b>Work First Forms</b>
1662	12/01	Verification of Change In Situation
6965	04/00	Family Violence Assessment
6966	04/00	Notification of Family Violence Option
8108	10/01	Notification of Benefits
8110	10/02	Your Benefits Are Changing
8137	12/00	Notice of Incomplete Work First Family Assistance Report
8146A	03/97	Notice Information needed to Complete your WFFA Application
8189	12/99	Appointment Notice
8191-W	11/01	Work First/Medicaid Notice of Withdrawal
8657	11/00	Benefit Diversion Agreement