



North Carolina Department of Health and Human Services
Division of Aging and Adult Services

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Suzanne Merrill, Acting
Division Director

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.

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

Name: _____

Telephone: _____

E-mail address: _____

www.ncdhhs.gov • www.ncdhhs.gov/aging
Tel 919-855-3400 • Fax 919-733-0443

Location: Taylor Hall, 693 Palmer Drive • Raleigh, NC 27603
Mailing Address: 2101 Mail Service Center • Raleigh, NC 27699-2101
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