

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE CONTROLLER

2018 – 2019 ADULT CARE COST REPORT

EXEMPTION FORM

Report Due Date: September 30, 2019

PLEASE COMPLETE and EMAIL or FAX IF EXEMPT

COUNTY _____

(Facility Name)

(Facility License Number)

Please check the appropriate statement below:

_____ We are exempt from the 2018-2019 Cost Report requirements mandated by G.S. 131 D-4.1-4.3 because our facility did not receive any funds through the State/County Special Assistance for Adults Program.

_____ We are exempt from the 2018-2019 Cost Report requirements mandated by G.S. 131 D-4.1-4.3 because our facility is **refunding all** funds received through the State/County Special Assistance for Adults Program.

If the facility is in operation **by the current owner less than 6 months**, contact Susan Kesler for further instructions. See contact information listed below.

(Date)

(Signature of Authorized Representative)

(Area Code) and Telephone Number)

E-Mail Address

Email scanned copy to: Susan.kesler@dhhs.nc.gov
Fax Number: (919) 715-3095
Direct phone number: (919) 855-3680