

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF THE CONTROLLER

2016 – 2017 ADULT CARE COST REPORT

EXEMPTION FORM

Report Due Date: September 30, 2017

PLEASE COMPLETE and MAIL or FAX IF EXEMPT

COUNTY \_\_\_\_\_

\_\_\_\_\_  
(Facility Name)

\_\_\_\_\_  
(Facility License Number)

Please check the appropriate statement below:

\_\_\_\_\_ We are exempt from the 2016-2017 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 2016-2017 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.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
(Area Code) and Telephone Number)

\_\_\_\_\_  
E-Mail Address

Mailing Address:  
Department of Health and Human Services  
DHHS Office of the Controller  
Attn: Susan Kesler Sibbett  
2019 Mail Service Center  
Raleigh, NC 27699-2019

Street Address:  
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DHHS Office of the Controller  
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