

FORM I.D.	
RECEIPT NO.	<b>P</b>

**ELIGIBILITY INFORMATION SYSTEM, LOW INCOME ENERGY SYSTEM AND  
CHILD PLACEMENT INFORMATION TRACKING SYSTEM**  
N.C. DEPARTMENT OF HUMAN RESOURCES - DIV. OF SOCIAL SERVICES

CO. CASE NO.
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\_\_\_\_\_ COUNTY DEPARTMENT OF SOCIAL SERVICES

**REFUND RECEIPT**

CO. NO.	CASE I.D./LIEAP I.D.	CD	CASEHEAD/PAYEE NAME FIRST	MI	LAST	JR/SR/ETC.

SIS I.D. (CPITS ONLY)

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CHILD'S NAME (CPITS ONLY)

FIRST	MI	LAST	JR/SR/ETC.

**REASON FOR REFUND**

07  SUSPECTED FRAUD  
 08  QC OVERPAYMENT-PARTIAL  
 09  QC INELIGIBLE-FULL PAYMENT  
 10  OTHER NON-QC

**AID PROGRAM**

T  TANF  
 A  AFDC    R  REFUGEE  
 S  SA         LOW INCOME ENERGY ASSISTANCE

**AID CATEGORY**

AA  AID TO THE AGED  
 AD  AID TO THE DISABLED  
 CID  CERTAIN DISABLED  
 AF  AFDC  
 AF  CHILD CARE/ALL TYPES  
 EA  EMERGENCY ASSISTANCE  
 RF  REFUGEE  
 NF  TANF

**CPITS  
FOSTER CARE**

IV-E   
 T-EA   
 EA   
 STATE

**ADOPTION ASSISTANCE**

**CASH PAYMENT**

IV - E   
 IV - B   
 STATE

**VENDOR PAYMENT**

IV-6   
 STATE   
 IV-E

**TYPE**

TP     NR     mp

**OVERPAYMENT PERIOD**

FROM DATE			THRU DATE		

REFUND AMOUNT	RECEIVED FROM (Complete only if different than Casehead / Payee above)

**STATE OFFICE USE ONLY**

FORMULA PERIOD						AMOUNT
FROM DATE			THRU DATE			

QUALITY CONTROL # 

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County Director's Signature

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Date