

NORTH CAROLINA DIVISION OF SOCIAL SERVICES  
 SERVICES INFORMATION SYSTEM  
 CLIENT ENTRY FORM

**SAMPLE ONLY – NOT FOR USE**

DATE \_\_\_\_\_

A. Client Identifying Information

1 CLIENT ID		2 CLIENT NAME, LAST				FIRST	MI
3 CLIENT SOCIAL SECURITY NO.		4 DATE OF BIRTH	5 COUNTY	6 COUNTY CASE NO.	7 OTHER		

B. Service Plan

8 DECISION	9 SERVICES REQUESTED	10 SERVICE CODE	11 DATE REQUESTED	12 DATE TERMINATED	13 REASON	14 SPECIAL USE

C. Notice of Action Taken

- You will be able to receive the service which is marked "Yes" beginning \_\_\_\_\_ through \_\_\_\_\_
- After \_\_\_\_\_ You will not be able to receive the service which is marked "No" because \_\_\_\_\_  
 \_\_\_\_\_ The policy we followed is found \_\_\_\_\_
- The service which is marked "Change" which you have been receiving will be \_\_\_\_\_
- You will have to pay a fee for following services:       You have agreed to contribute to the cost of the following services:  
 Service \_\_\_\_\_ Fee Amount \_\_\_\_\_ per \_\_\_\_\_ starting \_\_\_\_\_

D. Purchase of Service

- The provider is authorized / no longer authorized to claim reimbursement for \_\_\_\_\_ Beginning \_\_\_\_\_  
 Provider \_\_\_\_\_ Provider ID \_\_\_\_\_
- Client Address: \_\_\_\_\_ Funding source(s) \_\_\_\_\_

Client Phone: \_\_\_\_\_

- The provider is responsible for collecting the consumer contribution:  
 Amount \_\_\_\_\_ per \_\_\_\_\_ Starting \_\_\_\_\_

E. Income Information	
INCOME TYPE	INCOME AMOUNT
_____	_____ PER _____
_____	_____ PER _____
_____	_____ PER _____
NO. IN INCOME UNIT	DECLARATION METHOD <input type="checkbox"/>
<input type="checkbox"/>	VERIFICATION METHOD <input type="checkbox"/>

F.

Social Worker's Signature \_\_\_\_\_ Date \_\_\_\_\_

G.

If you disagree with any action checked above or if you think the information used to make the decision was incorrect, you have the right to ask for a hearing. Instructions on the back of the form will tell you how to ask for a hearing.

By signing below, you are saying that you have given correct and complete information.      Date of signature \_\_\_\_\_

Signature \_\_\_\_\_ Witness \_\_\_\_\_

COMMENTS:

H. Client Information

15 CASE MANAGER NAME, LAST			FI	MI	16 CASE MANAGER NO.			17 LOCAL USE			18 STATE USE		
19 SPECIAL AREAS			20 REASON	21 LEGAL STATUS	22 LIVING ARR.	23 SEX	24 RACE	EDUCATION		27 LANG			
								25 IN SCHOOL	26 HIGHEST GRADE				