

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SOCIAL SERVICES
CHILD PLACEMENT AND PAYMENT SYSTEM
ADOPTION ASSISTANCE**

MO DAY YEAR

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DSS-5095
(Rev. 09/07)

1. COUNTY	2. CASE MANAGER NAME, LAST	FI	MI	3. CASE MANAGER NO.	4. COUNTY CASE NO.
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I. SIS INFORMATION (Complete Fields 5-14 Just for Children who do not have an SIS record: DSS-5027)

5. CLIENT ID	6. CLIENT NAME, LAST	FIRST	MI
7. CLIENT SOCIAL SECURITY NO.	8. DATE OF BIRTH MO DAY YEAR	9. SPECIAL AREAS	
10. SEX	11. RACE	12. SCHOOL	13. GRADE
	14. HIV STATUS		

II. ADOPTION ASSISTANCE PAYMENTS

15. DATE OF PETITION MO DAY YEAR	16. DATE OF FINAL ORDER MO DAY YEAR	17. SPECIAL POPULATION	ADOPTION ASSISTANCE AGREEMENT 18. FROM 19. THROUGH MO DAY YEAR MO DAY YEAR
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20. NON RECURRING COSTS	21. MEDICAL VENDOR	22. THERAPEUTIC VENDOR	23. FUNDING SOURCE	NON-R	BALANCE AVAILABLE MED. THERAP.
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STATE IV-B

CASH PAYMENT REQUEST

24. MONTHLY AMOUNT MO DAY YEAR	25. BEGINNING PAYMENT DATE MO YEAR	26. FUNDING SOURCE STATE IV-B IV-E
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CASH PAYMENT TERMINATED

27. REASON	28. TERMINATION DATE MO DAY YEAR
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PAYEE INFORMATION

FIRST NAME	MI	LAST NAME	JR/SR/ETC
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ADDRESS LINE 1	ADDRESS LINE 2
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CITY	STATE	ZIP CODE
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