

North Carolina Department of Health and Human Services  
Division of Social Services

**REQUEST FOR SUPPLEMENTAL ADOPTION ASSISTANCE FOR  
HIV POSITIVE ADOPTED CHILDREN**

CASEMANAGER INFORMATION			
COUNTY	LAST NAME	FI	MI

CHILD INFORMATION			
SIS IDENTIFICATION NUMBER	LAST NAME	FIRST NAME	MI

SUPPLEMENTAL ADOPTION ASSISTANCE PAYMENT											
M	M	DATE	Y	Y	MONTHLY AMOUNT		FUNDING SOURCE				HIV CODE
		-					IV-B	IV-E	STATE		

PAYEE INFORMATION																
FIRST NAME			MI	LAST NAME				SOCIAL SECURITY NUMBER								
										-		-				
ADDRESS																
CITY							STATE		ZIP CODE							

**SUBMIT FORM TO:**

**CHILD WELFARE SERVICES**  
**Child Welfare Services Policy Team**  
**820 S. Boylan Ave.**  
**2408 Mail Service Center**  
**Raleigh, NC 27669-2408**

**Courier # 56-20-25**  
**Telephone # (919) 527-6340**  
**Fax # (919) 334-1097**