

**\_\_\_\_\_ COUNTY DEPARTMENT OF SOCIAL SERVICES**

QI2 CHECK REGISTER FOR (yr.) \_\_\_\_\_

<u>RECIPIENT NAME</u>	<u>ADDRESS</u> Address Line 1 Address Line 2, City, State Zip	<u>CHECK AMOUNT</u>	<u>DATES OF QI2 ELIG.</u>	<u>SS #</u>
<u>EXAMPLE:</u> Mary Poppins	1000 Fairy Tale Lane Imagination City, NC 12345	\$28.70	3/1/00 - 12/31/00	222-22-2222

Director Signature or Designee: \_\_\_\_\_ Date: \_\_\_\_\_