
REQUESTING REPLACEMENT CHECKS

EIS 3152 REQUESTING REPLACEMENT CHECKS
REVISED 10/01/02 - CHANGE NO. 02-03

I. GENERAL INFORMATION

Use the DSS-8129, Request for Replacement Check, to request a replacement for a State/County Special Assistance (SAA, SAD, SCD) check that is lost, stolen or misplaced. See Figure 1 for a sample of the form.

II. THE DSS-8129 SERVES AS:

- A. A request to the State Office to cancel the old check and reissue a new one in the same amount to the recipient; and
- B. An affidavit sworn to by the recipient that he has not and will not cash the old check, should it be located.

NOTE: DO NOT USE THIS FORM TO REQUEST THAT THE STATE OFFICE CORRECT OR CHANGE A CHECK IN ANY WAY.

III. INSTRUCTIONS FOR COMPLETION OF THE DSS-8129

- A. If a numeric field requires fewer digits than spaces available, precede with zeroes.
- B. Enter the COUNTY name.
- C. Enter the COUNTY CASE NUMBER.
- D. Enter the SERVICES INFORMATION SYSTEM NUMBER, if there is one. (Optional)
- E. Mark "YES" or "NO" for ENERGY to indicate if the check is an Energy check.
- F. Enter the 8 digit CASE ID NUMBER. For Energy Assistance, enter the Energy number.
- G. Enter the amount of the lost check for CHECK AMOUNT. This must be a whole dollar amount. Use the check register to verify the amount.
- H. Enter the 8 digit CHECK NUMBER of the lost check. Use the check register to verify the check number.
- I. Enter the DATE OF CHECK (MM/DD/YY) for the lost check. Use the check register to verify the date of the check.
- J. Enter ADDRESS LINE 1 if different than indicated on the case. See the Mailing Address Appendix to determine the correct abbreviations.

REQUESTING REPLACEMENT CHECKS

REVISED 10/01/02 - CHANGE NO. 02-03

III. (CONT'D)

- K. Enter ADDRESS LINE 2 if different than indicated on the case, and if ADDRESS LINE 1 is entered. See the Mailing Address Appendix to determine the correct abbreviations.
- L. Enter CITY, STATE, and ZIP if different than indicated on the case. See the Mailing Address Appendix to determine the correct abbreviations.
- M. Give a full explanation for requesting the replacement check in REASON FOR REPLACEMENT. Use the back of the form if necessary.
- N. Enter the agency CONTACT PERSON's name.
- O. Enter an E-MAIL ADDRESS for the contact person if available.
- P. Enter a PHONE # for the contact person.
- Q. The county director or his designee must sign and date the form in the COUNTY DIRECTOR'S SIGNATURE and DATE fields.
- R. In the blank under AFFIDAVIT - PAYEE, enter the full name of the payee to whom the replacement must be issued.
- S. In the blank under AFFIDAVIT - SECOND PAYEE, enter the full name of the second payee if appropriate.

IV. COMPLETE THE SIGNATURE AND DATES SECTION.

- A. The payee must sign in the affidavit on the first line provided in the SIGNATURES section.
- B. The notary must sign on the WITNESS and NOTARY lines. The notary must also date the affidavit.

V. SUBMIT THE DSS-8129 AS SOON AS POSSIBLE.

- A. Mail the original white copy to:

**Program Benefits Payment Section
2019 Mail Service Center
Raleigh, NC 27699-2019**
- B. Retain the yellow copy in the case record.