

**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. 07/05)

1. COUNTY	2. CASE MANAGER NAME, LAST	FI	MI	3. CASE MANAGER SSN	4. COUNTY CASE NO.

I. SIS INFORMATION (Complete Fields 7-14 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		9. SPECIAL AREAS				
		MO	DAY	YEAR				
10. SEX	11. RACE	12. SCHOOL	13. GRADE	14. HIV STATUS				

II. ADOPTION ASSISTANCE PAYMENTS

15. DATE OF PETITION			16. DATE OF FINAL ORDER			17. SPECIAL POPULATION			ADOPTION ASSISTANCE AGREEMENT			19. THROUGH		
MO	DAY	YEAR	MO	DAY	YEAR				MO	DAY	YEAR	MO	DAY	YEAR

20. NON RECURRING COSTS	21. MEDICAL VENDOR	22. THERAPEUTIC VENDOR	23. FUNDING SOURCE	NON-R	BALANCE AVAILABLE MED. THERAP.
			STATE	IV-B	

CASH PAYMENT REQUEST

24. MONTHLY AMOUNT		25. BEGINNING PAYMENT DATE		26. FUNDING SOURCE			27. REASON		28. TERMINATION DATE		
		MO	YEAR	STATE	IV-B	IV-E			MO	DAY	YEAR

MO DAY YEAR

CASH PAYMENT TERMINATED

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PAYEE INFORMATION

FIRST NAME	MI	LAST NAME	JR/SR/ETC

ADDRESS LINE 1	ADDRESS LINE 2

CITY	STATE	ZIP CODE