

**NORTH CAROLINA COUNTY DEPARTMENTS OF SOCIAL SERVICES**

**REQUEST FOR RECORD**

**(Instructions on Back)**

County Requesting Records: \_\_\_\_\_

Caseworker Name: \_\_\_\_\_

Enter Name and Address of Office Where Records Are Located Below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |  |  |
|--|--|
| 1. Name: (First, MI, Last)<br>_____  | Social Security Number:<br>_____   |
| 2. Aid Program/Category: _____   | 3. Case ID#: _____   |
| 4. County Case #: _____  | <input type="checkbox"/> Pending Application<br><input type="checkbox"/> Active Case<br><input type="checkbox"/> Inactive Case |
| 5. Please Forward: (Check all applicable items.)<br><input type="checkbox"/> Complete Eligibility Record | <input type="checkbox"/> Family Services Record or Summary   |
| 6. Recipient Eligible in this County for:<br>_____   | 7. Date Your Responsibility for Client's Assistance Ends: _____  |
| 8. Date of Request for Record:<br>_____  | 9. Signature – County Director:<br>_____   |

**NOTICE OF TRANSMITTAL**

**(Instructions on Back)**

- |  |  |
|--|--|
| 1. The following records on the above-named case are attached:<br><input type="checkbox"/> Complete Eligibility Record                               | <input type="checkbox"/> Family Services Record or Summary |
| 2. The date listed above for termination of our responsibility for this case is correct.<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 3. If Item 2 is No, enter correct data here:<br>_____      |
| 4. Signature – County Director:<br>_____   | 5. Date of Transmittal:<br>_____                           |
| REMARKS: (Requesting County)<br>_____<br>_____<br>_____  | REMARKS: (Transmitting County)<br>_____<br>_____<br>_____  |

## INSTRUCTIONS

**PURPOSE:** To request and transmit applicant/recipient case records for Economic Independence and Family Services. Use only when applicants/recipients move from one N. C. County to another N. C. County.

**A. Agency Requesting Record(s)** -- Complete top half of form only.

1. Number of Copies -- Varies depending on the type and number of records requested. After determining which records are needed, review Chart A below to find the number of copies you must prepare.
2. Request for More than One Record -- Make one request. Send the request to the county department of social services where the applicant/recipient lived before his move.

**B. Agency Transmitting Record(s)**-- Complete only bottom half of DSS-2216 sent to you.

1. Number of Copies -- Route copies according to Chart B below.
2. Request for More than One Record -- Coordinate the mailing of multiple records to the requesting county.



**A. Agency Requesting Records Completes Top Half of Form Only as Shown Below**

<u>Records Requested</u>	<u>Copies Prepared by Requesting Co.</u>	<u>Who Initiates</u>	<u>File Copies</u>	<u>Copies to Record Holder</u>
1. PA, Fam. Ser.	4 (including original)	PA caseworker needing record	2	2 (including original)
2. PA only	3 (including original)	PA caseworker needing record	1	2 (including original)
3. Fam. Ser. only	3 (including original)	FS caseworker needing record		2 (including original)

**B. Agency Transmitting Records Completes Bottom Half of Form Only as Shown Below**

<u>Records Transmitted</u>	<u>Copies Prepared (All Sent by Requesting Agency)</u>	<u>File Copies</u>	<u>Copies Sent With Records</u>
1. PA, Fam. Ser.	2 (including original)	1	2 (including original)
2. PA only	2 (including original)	1	2 (including original)
3. Fam. Ser. only	2 (including original)	1	2 (including original)