

APPENDIX A FORMS

The following forms are used in the administration of the Special Assistance Program. Refer to <http://info.dhhs.state.nc.us/olm/forms/> for copies of the forms.

Form Number	Effective Date	Title
DSS-1473	09/99	Request for State Appeal
DSS-1656	12/96	Refund Receipt (Collection of Overpayment)
DMA-2041	08/98	Third Party Health and Accident Resources Information
DMA-2043	01/01	Third Party Liability Accident Information Report
DSS-2216	03/01	Request for Record
DSS-3431	01/96	Request for Financial Information
DMA-5010	07/98	Referral for Inpatient Hospital and Intermediate Care Facilities
DMA-5022	12/99	Retroactive Eligibility Checks/ID Cards
DMA-5030	07/86	Reserve History Sheet
DMA-5049	01/95	Referral to SSA
DMA-5094	10/02	Notice of Your Right To Apply for Benefits
DMA-5097	10/02	Request for Information
DSS-8108	05/99	Notice of Benefits
DSS-8109	10/02	“Your Application For Benefits Is Being Denied Or Withdrawn”
DSS-8110	10/02	“Your Benefits Are Changing” (Timely/Adequate Notice)
DSS-8113	10/98	Wage Verification
DSS-8124	01/97	Application Data Processing Form
DSS-8125	01/93	EIS Data Sheet
DSS-8126	10/90	EIS Continuation Sheet
DSS-8128	06/82	EIS Possible Duplicate ID Resolution Report
DSS-8129	03/00	Request for Replacement Check and Affidavit
DSS-8131	07/97	Change in Situation Report
DSS-8168I	12/99	Lifeline and/or Link-Up
DSS-8176	03/96	Contribution Report
DSS-8189	12/99	Appointment Notice
DSS-8190NS	07/02	Special Assistance Workbook for Non-SSI Recipients
DSS-8190S	07/02	Special Assistance Workbook for SSI Recipients
DSS-8194	07/98	Income Maintenance Transmittal Form
DSS-8213	07/96	ASAP Workbook
DSS-8920	01/79	Forgery Affidavit
FL-2	12/92	Level of Care Recommendation
MR-2	01/87	Mental Retardation Services