**REQUEST FOR PAYMENT OF TIME-LIMITED SUPPLEMENTAL LINKS FUNDS**

Please send (total amount due) \_\_\_\_\_\_\_\_\_\_\_ to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Department of Social Services for funds spent on behalf of eligible young adults. I certify that the individuals listed below are eligible under the guidelines specified in the Consolidated Appropriations Act (Public Law 116-260) and provided by NC DHHS, NC DSS.

Certified by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Name** | **Date of Birth** | **Age Category** | **Amount** |
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