TO:	Ken Maddox, IEVS Coordinator Division of Medical Assistance
FROM	<u>:</u>
	(Director or Designated Staff Name & Title)
	(County Name & Number)
RE:	EIS SSN/ESC & UIB Report
NCXP	TR Report Name: DHRVES EIS SSN/ESC & UIB MATCH
Does y one)?	our county want to continue receiving the EIS SSN/ESC & UIB Report on paper (Circle
	YES NO
Directo	ors or Designated Staff Signature
Date_	
Mail T	o: Division of Medical Assistance Attn: Ken Maddox 2501 Mail Service Center Raleigh, NC 27699-2501
Fax To	: 919-715-8548
Email	To: <u>Ken.Maddox@ncmail.net</u>

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