Continuous Quality Improvement Team Policy Question Submission Form

For Local Department of Social Services use only

Questions must be submitted by Supervisors, Lead Workers, or Trainers only

Your Contact Information:						
Name:						
Position:						
Email Address:						
Phone Number:						
Local Agency:						
Program Area and Policy Sections Researched:						
Program:						
Program Area:						
Policy Sections Researched:						
Case Identifier and Question						
Type:				Number:		
Question:	• Gi	e as much detail as possible				
	• If t	If there are details you cannot list here, you may request that we call you for more detail				
	• We will contact you by phone or email if we need additional information / Do not use any confidential					
		information in this form				
	• OI	Iy submit questions on one case per submission				
Email form to <u>DSS.Policy.Questions@dhhs.nc.gov</u> . Please do not email your CQI Specialist directly.						

Note: Do not use this form for Program Integrity Questions. Submit program integrity questions to email address <u>DSS.PI.Questions@dhhs.nc.gov</u>.