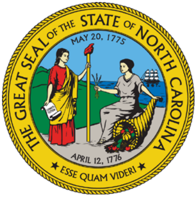

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

JOSH STEIN • Governor
DEVDUTTA SANGVAI • Secretary
LISA TUCKER CAULEY • Division Director, Human Services

DSS Approved Alternative Option

COUNTY:______________________

Item	Description (Please include behavioral health diagnosis.)	Cost

Child's First Initial and Last Name related to this request: ____
Has an EPF request been made for this child before? Yes ☐ No ☐

If this request involves placement in an unlicensed setting, has this placement been approved by the court?
Yes ☐ No ☐
For unlicensed settings, please include in description the type of unlicensed setting and verification of/reason why Medicaid funds cannot be used for the placement.

________________________________	____________________________	______________
Director/Authorized Designee Signature	Title	Date

Date Reviewed by EPF Review Committee: _________________________

Submission: Approved ☐ Denied ☐

Denial Explanation