

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 \Box No \Box

If this request involves placement in an unlicensed setting, has this placement been approved by the court? Yes \square No \square

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 \Box Denied \Box		
Denial Explanation		

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES · DIVISION OF SOCIAL SERVICES

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