



East Carolina Behavioral Health

*serving...Beaufort, Bertie, Craven, Gates, Hertford, Jones,
Northampton, Pamlico, & Pitt counties*

In requesting authorization for payment of state-funded room and board for

_____, a Medicaid eligible child from _____
(Name of Child) (County of Eligibility)

County receiving residential treatment from my agency, _____
(Name of Residential Provider)

I submit the following information, which is true to the best of my knowledge and belief:

1. This child is not in the custody of DSS; and
2. The parent/guardian made application for SSI, which was denied through the first level appeal (attach copy of denial letter).
3. The parent/guardian is Medicaid eligible (attach copy of parent/guardian's Medicaid card); OR
4. The parent's/guardian's pay stubs are attached to verify that the family's monthly gross income is at or below 200% of federal poverty.

In light of these facts, I am requesting authorization of state funding for room and board as of

_____. I am attaching a copy of the parent/guardian's initial
(Date)

application for SSI to verify that the beginning date requested is not earlier than the date of SSI application.

(Signature)

Printed Name: _____

Phone: _____