

# OPC

Area Program

Administrative Offices  
100 Europa Drive  
Suite 490  
Chapel Hill, NC 27517

Date: \_\_\_\_\_

To: OPC LME

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)

Name: \_\_\_\_\_  
(Please print)

Phone: \_\_\_\_\_