Reset

South Carolina Department of Social Services
Family Independence Program

CERTIFICATION OF NECESSARY TREATMENT

County DSS Office Address

Date: _____

Dear Health Care Provider:

Most adults receiving financial assistance through the Department of Social Services are required to work, look for work, or prepare for work by participating in job training or educational activities. We expect participants to move toward employment and self-sufficiency to the extent each is capable.

The person named below has professed a need for substance abuse treatment, mental health counseling, or rehabilitation therapy and identified you as the health care provider most knowledgeable about the condition that limits his or her ability. Please complete this form to help us determine the person's need for treatment or therapy as it relates to his her ability to work.

Thank you for completing this form and returning it to the above address within 10 days. Please feel free to attach additional pages, if necessary.

Patient/Client Name: _____ DOB: _____ SSN: XXX-XX- _____

Address: _____

Signature: _____ Telephone: _____

Are you currently providing this person with treatment or therapy? ❑ Yes ❑ No

What is the nature of the treatment or therapy? (Please check one)

❑ Substance abuse treatment ❑ Mental health counseling ❑ Rehabilitation services

❑ Other Please describe: _____

Is this treatment or therapy necessary for this person to participate in current or future activities? ❑ Yes ❑ No

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Provider Name: _____

Address: _____ Telephone: _____

Provider Signature: _____ Date: _____

FI Case Manager: _____ Telephone: _____

INSTRUCTIONS FOR DSS FORM 1247C

Purpose
DSS Form 1247C is used to certify the need for substance abuse treatment, mental health treatment or rehabilitation activities for FI recipients. This certification is needed in order for the treatment to be considered as job readiness activity.

Instructions
This form should be completed by a qualified medical or mental health professional and placed in the participant's case management file.