

## Monthly Drug Education School Fee(s)

(State Fiscal Year 2024-25)

### **Instructions for completing the form:**

1. List name of the Drug Education School.
2. List the Drug Education School number that was assigned to your agency.

NOTE: New DES school numbers were issued in September 2013.

3. List the month the fee being paid applies to. Only one month should be reported on each form. Fees should be paid by the 20th of each month for the previous month.
4. List the total number of new enrollees for the month. If a student is enrolled but was previously counted and fees submitted to NC DMH/DD/SUS do not duplicate this number.
5. List the unique ID number for each student that you are submitting a fee for. This should be the same student ID number entered for that student in the 4401 system.

NOTE: Do not include student names or other Personal Identifying Information on this form.

6. Enter total amount of fees enclosed for each site.
7. Enter check number and date
8. Print name, sign & date.

The fee due is \$7.50 per person - 5% of the total DES fee (\$150.00) collected from the student.

Fee is Payable To: DMH/DD/SUS. Please send fee to:

DMHDDSUS Business &  
Financial Operations  
3013 Mail Service Center  
Raleigh, NC 27699-3013

For Fiscal questions, contact Tiana Jones at [tiana.jones@dhhs.nc.gov](mailto:tiana.jones@dhhs.nc.gov)

For DES program questions, contact Mike Pirozzi at  
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## Monthly Drug Education School Fee(s) (State Fiscal Year 2024-25)

### Drug Education School - Provider Agency

School Name: \_\_\_\_\_

School Number (**ONLY 1 SCHOOL PER FORM**): \_\_\_\_\_

Month Fee Applies to (Month-Year): \_\_\_\_\_ (**Only 1 month per form**)  
**Fees should be paid by the 20th of each month for the previous month.**

Total number of students enrolled during month of which fees apply: \_\_\_\_\_

List student unique ID numbers:

1		21		41	
2		22		42	
3		23		43	
4		24		44	
5		25		45	
6		26		46	
7		27		47	
8		28		48	
9		29		49	
10		30		50	
11		31		51	
12		32		52	
13		33		53	
14		34		54	
15		35		55	
16		36		56	
17		37		57	
18		38		58	
19		39		59	
20		40		60	

Total fees enclosed: \$ \_\_\_\_\_

Check Number: \_\_\_\_\_ Date of check: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

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