

NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Mental Health, Developmental  
Disabilities and Substance Use Services

**JOSH STEIN** • Governor  
**DEVPUTTA SANGVAI** • Secretary  
**KELLY CROSBIE** • Director

## Monthly Drug Education School Fee(s) State Fiscal Year FY25-26

### Instructions for completing the Form:

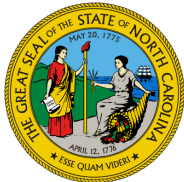
1. Provide the name of the Drug Education School.
  - a. If you are not certain or cannot remember your associated DES name, please contact Michael Pirozzi at 919-901-5824 or [mpirozzi@coastalhorizons.org](mailto:mpirozzi@coastalhorizons.org).
2. Provide the Drug Education School number provided to your agency.
  - a. If you are not certain or cannot remember your DES number, please contact Michael Pirozzi at 919-901-5824 or [mpirozzi@coastalhorizons.org](mailto:mpirozzi@coastalhorizons.org).
3. Indicate the month for which the fee is being paid.
  - a. Each form should report a single month only.
  - b. Payments must be received by the 20th of each month for the month prior.
4. Please provide the total number of students with first session scheduled in the month reporting. If a student is enrolled and has already been counted, do not duplicate this student when submitting fees to NC DMH/DD/SUS.
5. Provide each student's unique ID number when submitting fees.
  - a. This ID must match the student ID entered for that student in the 4401 system. Student ID format first three letter of last name, first letter of first name, and four-digit date of birth.
6. Please complete the monthly drug education school fee(s) form in its entirety.
7. The person filling out the form is required to print, sign, date, and include their title.

DES are responsible for paying a charge of \$7.50 per student, which is equivalent to five percent of the total DES fee of \$150.00.

Payments must be made payable to: DMHDDSUS Business & Financial Operations, 3001 Mail Service Center, Raleigh, NC 27699-3001, **Attn: Cassandra Massenburg**.

For Fiscal questions contact Stephenia Jeffries, DES Coordinator, 984-236-5240  
[Stephenia.Jeffries@dhhs.nc.gov](mailto:Stephenia.Jeffries@dhhs.nc.gov).

For DES program questions contact Michael Pirozzi, TTI Assistant Director, 910-202-5500,  
[mpirozzi@coastalhorizons.org](mailto:mpirozzi@coastalhorizons.org).



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

School Number (one school per form) \_\_\_\_\_

Enter the Month and Year (one month per form) \_\_\_\_\_

Total number of students with first session scheduled in the month reporting \_\_\_\_\_

**Fees must be paid by the 20<sup>th</sup> of each month for the previous month enrollees.**

List	Student Unique ID Number	Student's County	Instructor's Name	List	Student Unique ID Number	Student's County	Instructor's Name
1				11			
2				12			
3				13			
4				14			
5				15			
6				16			
7				17			
8				18			
9				19			
10				20			

Total Fees Enclosed: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_ Check Date: \_\_\_\_\_

Printed Name/Title: \_\_\_\_\_

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

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