Application for Assistance Guidebook

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General Information

What programs can I apply for?

You may apply for any or all of these programs with this application:

- Temporary Assistance for Needy Families (TANF)
- Child Care Assistance Program (CCAP)
- Supplemental Nutrition Assistance Program (SNAP)
- Health Care Coverage (HCC)
  - Aid to the Blind
  - Healthy Steps (Children's Health Insurance Program - CHIP)
  - Medicaid
  - Medicare Savings Program
- Basic Care Assistance Program (BCAP)

The 'Application For Assistance' can also be found online at www.nd.gov/dhs/info/pubs/application.html or you may contact your local county social service office to apply or to request an application by mail.

If you need help applying for assistance, you may have a friend, relative or someone else help you apply. Your local county social service office can also help you apply for assistance.

What do you do with my information?

The information you provide is held in confidence and is used solely for the purpose of program administration.

What information do I need to provide?

To speed up the processing of your application, turn in with your application or bring to your interview the following items. Your work may be able to help you obtain these things if needed.

Proof of Alien or Citizenship Status such as (original documents required if applying for Health Care Coverage):

- Resident Alien Card (Form I-551)
- Employment Authorization Card (Form I-668A)
- American Indian/Alaskan Native Tribal Document
- Temporary Resident Card (Form I-688)
- Arrival-Departure Record (Form I-94)
- Passport
- Birth Certificate (if born in the United States)

You will be asked to provide information about the SSN and citizenship or immigration status for all persons for whom you want to receive assistance. This information may be subjected to verification by the United States Citizenship and Immigration Service (USCIS), and that the submitted information received from USCIS may affect the household's eligiblity and level of benefits. For HCC, verification will be required if not available electronically.

- For CCAP, HCC, and SNAP: if any of these persons do not want to give information about their citizenship or immigration status, they will not be eligible for benefits. These persons must provide their financial information to determine eligibility for other household members. Other household members may still get benefits if they are otherwise eligible. We will not share alien or citizenship information about non-applicants with the United States Citizenship and Immigration Service (USCIS).
- For TANF, if an individual who is required to be included in the TANF household does not want to give information about their SSN, citizenship or immigration status, the entire household will be ineligible to receive benefits.

Proof of the value of current assets such as:

- Annuities
- Business Accounts
- Certificates of Deposit
- Checking/Savings/Credit Union Accounts
- IRA/401K/KEOGH plans
- Life Insurance
- Real Property (Land, Rental Property, etc.)
- Savings Bonds
- Stocks/Bonds/Mutual Funds
- Trusts

If only applying for Child Care Assistance or Health Care Coverage for children and family coverage, you do not need to report or bring records of your assets.

Proof of most current expenses such as:

- Child/Dependent Care
- Court Ordered Payments (Child Support, Spousal Support, Health Insurance, Other Suppport)
- Medical or Health Insurance Premiums (If applying for SNAP only, you do not need to provide information for household members under age 60 unless they are disabled.)
- Utility/Shelter Expenses (If applying for SNAP)
  - ► Heating and Cooling Costs
  - ► Home Owner's Insurance
  - ► House Payment
  - ► Other Utility Bills
  - ► Property Taxes
  - ► Rent (Receipt, Lease Agreement,
  - ► Housing Assistance Contract, Federal Income Tax Forms)
  - ► Telephone Bill

If only applying for HCC for families with children and non-disabled adults between 19 and 65, you do not need to provide expense information.

Proof of most current income (last month and this month) such as:

- Bonuses
- Child Support
- Commissions
- Lease Income
- Money from Friends, Relatives or Others
- Pay (Pay Stubs or Employer Statement)
- Pension/Retirement Benefits
- Rental Income
- Self-Employment Income - Most recent copy of Federal Income Tax Form
- Social Security Benefits
- Spousal Support
- SSI-Supplemental Security Income
- Unemployment Benefits
- Veterans'/Military Benefits
- Workers Compensation

Proof of other information such as:

- Identity (Birth Certificate, Driver's License, Work or School ID, American Indian/Alaskan Native Tribal Document, Passport - original documents required if applying for Health Care Coverage)
- Age (Birth Certificate, Driver's License)
- Relationship (Birth Certificate)
- Residence (Rent Receipts, Utility Bills, Lease)
- Social Security Numbers (card or proof of application for SSN)
- Verification of Pregnancy

Do I have to provide my Social Security Number and how is it used?

You will be asked to provide social security numbers (SSNs) for all persons who want assistance, except for the Child Care Assistance Program. Providing your SSN can be helpful if you don't want health coverage since it can speed up the application process. If someone wants help getting an SSN, call 1-800-772-1213 or visit socialsecurity.gov. TTY users should call 1-800-325-0778. If you are applying only for emergency Medicaid because of your citizenship or immigration status, you do not need to give us information about your SSN.

SSNs are used to check income and other information to see who's eligible for help. The social security number is also used to check the identity of the household members, to prevent duplicate participation, to monitor compliance with program regulations, for claim collection, for official examinations by Federal or State agencies, and to help make mass changes. The social security number is also used to check information in our records against other Federal, State or local government computer matching systems participating in the Income and Eligibility Verification System, including but not limited to the Internal Revenue Service, Social Security Administration, and the Department of Labor, which may affect eligibility and the level of benefits.

Disclosure of SSNs for the Child Care Assistance Program is voluntary and is requested for purpose of accurate identification. Failure to disclose SSNs will not affect participation in the Child Care Assistance Program.

Use of social security numbers provided for SNAP and TANF benefits may be disclosed to law enforcement for purposes of apprehending fleeing felons.

For SNAP, the collection of information on the application, including the SSN of each household member is authorized under the Food and Nutrition Act of 2008, as amended, 7 U.S.C. 2011-2036. Information requested may also be used and verified through collateral contacts when discrepencies are found.

Will not share your SSN with the United States Citizenship and Immigration Services (USCIS).

What are my program rights?
You have the right to:

- Review policy manual.
- Withdraw your application at any time, prior to receiving benefits.
- Appeal and request a fair hearing if you disagree with any decision to deny, reduce or terminate benefits. Appeals must be requested within 30 days for Medicaid, Healthy Steps, Basic Care, TANF or Child Care Assistance. Appeals must be requested either verbally or in writing within 90 days for SNAP. Your case may be presented by a household member or a representative, such as a legal counsel, a relative, a friend or other spokesperson.

Contact your eligibility worker for specific information on how to request an appeal or fair hearing.

Is there additional important information for immigrants?

If you or members of your household use Child Care Assistance, SNAP, Health Care Coverage or Basic Care, it will not affect you or your family members' immigration status. Also, it will not affect you or your family members' ability to get a green card. The exception is if you use long-term institutional care, such as a nursing home.

Use of TANF or Supplemental Security Income (SSI) might create problems with getting a green card, especially if the benefits are your family's only income. Talk to an agency that helps immigrants with legal questions before you apply.

Refugees and persons granted asylum can use benefits, including cash assistance, without hurting your chances or getting a green card or U.S. citizenship.

If you would like more information, please contact your local county social service office.

Notice of Privacy Practices – Effective 9-23-13

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Meaning of certain terms. In this notice, when we say "we" or "us", we mean the staff of the Department of Human Services. When we say "Department", we mean the Department of Human Services. When we say "you" or "your", we are referring to the individual who is the subject of the protected health information and a person who has authority to act on behalf of an individual in making decisions related to health care.

Understanding Your Protected Health Information (PHI). PHI is any information created by the Department, or received from a health care provider, health plan, or health care clearinghouse, about your health care. Information may include your name, address, birth date, phone number, social security number, Medicare number, health information, diagnoses, medical treatments received, and information on your health insurance policies.

Department's Confidentiality Commitment. Any PHI about you that is created by the Department or received from a health care provider, health plan, or health care clearinghouse, will be kept confidential to the full extent required by the law. The law requires us to maintain the privacy and security of PHI, to provide you with this notice, and to abide by what this notice says. We reserve the right to change this notice and make the new notice applicable to PHI already obtained as well as any information received in the future. We will post a copy of the current notice online at www.nd.gov/dhs/misc/clientrights.html. New notices will also be available at registration sites or may be obtained by contacting the Privacy Officer. The Department will notify you if a breach of unsecured PHI occurs and is discovered.

How Information is Used by the Department. Except as explained in this notice, we will disclose and use your PHI only with your written authorization. We must obtain an authorization for the use and disclosure of psychotherapy notes, marketing, and the sale of PHI. We do not create or manage a public client directory. We may use or disclose your PHI for treatment, payment, or health care operations purposes without your written authorization (except if you are being treated for alcohol or drug abuse). "Treatment" information is information you give to us or a health care provider gives to us which will be used to determine the course of treatment and to document treatment you have received or will receive. "Payment" information includes a bill for services sent to you from a health insurance company or Medicare, or a bill for services from a health care provider. The disclosure may include information that identifies you, your diagnosis, or other necessary information for accurate payment. "Health care operations" information includes information used to assess the care and outcomes in your case and other cases and to assure the quality and effectiveness of health care services.

We may also use or disclose your PHI as permitted or required by law, and:

- To keep you informed about appointments, program information, and benefits and services that may be of interest to you;
- To communicate with any person, identified by you, who is involved in your health care or payment for your care, such as your family or a close friend;
- To a business associate or qualified service organization that performs functions on behalf of the Department;
- To other agencies as required for oversight activities such as licensure, inspections, investigations, audits, or facility accreditation;
- To law enforcement personnel or other agencies for specific purposes, including reporting any suspected child abuse or neglect; domestic violence; for the protection of vulnerable adults; to prevent or reduce a serious threat to anyone's safety; or a crime on the premises;
- To staff or for research projects that ensure the continued privacy and protection of PHI;
- To public health agencies to prevent or control disease, for statistical reporting, and for product recalls;
- To the Food and Drug Administration for reporting reactions to medications;
- To Workforce Safety and Insurance for benefit coordination;
- To government agencies in cases of national security, for military purposes, or for presidential protective services;
- To correctional institutions;
- To respond to a court order, administrative order, or in response to a subpoena if efforts have been made to tell you about the request or to obtain an order protecting the information requested;

- To our business partners who perform case management, coordination of care, other assessment activities, or payment activities, and who must abide by the same confidentiality requirements;
- To a public or private entity authorized by law or by its charter to assist in disaster relief efforts;
- To disclose your information that does not identify you and with respect to which there is no reasonable basis to believe that the information can be used to identify you;
- To disclose PHI in certain circumstances if, in the exercise of professional judgment, the disclosure is in your best interest;
- To disclose PHI for notification, identification, or location purposes in certain circumstances;
- To organ procurement organizations; or
- To a coroner, medical examiner, or funeral director when you die.

Your Individual Rights. You have the following rights regarding your PHI maintained by the Department:

1. You may request a restriction on certain uses and disclosure of your PHI by filing SFN 1980, "Request to Restrict the Use and Disclosure of Protected Health Information (PHI)". We may not be able to agree to the requested restriction, but, if approved, we will abide by it except in an emergency treatment situation or as required by law.
2. You may restrict disclosure of PHI to a health plan when you have paid non-sliding fee scale out-of pocket expenses in full for the services by filing SFN 1980, "Request to Restrict the Use and Disclosure of Protected Health Information (PHI)".
3. If you feel that some information the Department has created about you is wrong, you may ask to change that information by filing SFN 1981, "Request to Amend Records – Protected Health Information (PHI)". In certain situations, we may deny your request. We will notify you if we deny your request and tell you how to request a review of the denial.
4. You may inspect and obtain a copy of your PHI in our possession by filing SFN 1979, "Request to Access Confidential Information". We may limit or deny you access in very limited circumstances. You have the right to request a review of most denials. We will notify you if we deny your request and tell you how to request a review of the denial. We may charge a reasonable cost-based fee for your request.
5. You may obtain a paper copy of this notice upon request.
6. You may revoke a signed authorization for the use or disclosure of your PHI except to the extent we have already acted based on your authorization by filing SFN 91, "Revocation of Authorization to Disclose Information".
7. If you file SFN 725, "Request for Accounting of Disclosures", we will account for disclosures we have made of your PHI for up to six years prior to the date on which the accounting is requested but not before April 14, 2003; however, the Department is not required to provide an accounting for disclosures made to you, under an authorization, for treatment, payment, or health care operations purposes, and a few other situations. We will not charge for the first accounting given to you in a 12-month period. We will charge a reasonable cost-based fee for an additional accounting requested if 12 months have not passed since your last request.
8. You may request that we contact you about personal health care matters only in a certain way (phone, e-mail, or in writing) or at a certain location (home, office, or at an address you have given), or both, by filing SFN 1977, "Request for Confidential Communication by Alternative Means or Alternative Location".
9. Federal regulations require us to notify you that you have the option to opt out of fundraising contacts. However, the Department does not contact individuals for any fundraising purposes.
10. If your PHI is maintained in an electronic format, you may request that an electronic copy of your PHI be provided to you or transmitted to another individual or entity by filing SFN 1978, "Request to Transmit Electronic Protected Health Information (PHI) to Third Party". If the PHI is not readily producible in the form or format that you request, the PHI will be provided in a mutually agreed upon format.

The above rights may be exercised only by written communication to us unless the written requirement is waived by the Department.

For More Information or to Report a Problem. If you have questions and would like additional information, you may contact the Administrative Assistant, toll-free at 1-800-472-2622, TTY toll-free at 1-800-366-6888, or by mail to: North Dakota Department of Human Services, State Capitol, 600 East Boulevard Avenue, Dept. 325, Bismarck, ND 58505-0250. If you believe that your privacy rights have been violated, you may file a complaint with the unit of the Department where you received services by filing SFN 934, "Request for Informal Privacy Conference". If you need additional information on how to file a privacy complaint involving a unit of the Department, you may contact the Department's Privacy Officer, toll-free at 1-800-472-2622, TTY toll-free at 1-800-366-6888, or by mail to: Privacy Officer, North Dakota Department of Human Services, State Capitol, 600 East Boulevard Avenue, Dept. 325, Bismarck, ND 58505-0250. You may also file a complaint with the Secretary of Health and Human Services by writing to or calling: U.S. Department of Health and Human Services, Office for Civil Rights, Region VIII, 999 18th Street, Suite 417, Denver, CO 80202, toll-free at 1-800368-1019, FAX 1-303-844-2025, TTY toll-free at 1-800-537-7697.

There will be no retaliation against you for filing a complaint.

Do Not Share Your Personal Information

You may be aware that there are many telephone scams where callers ask for personal information. This information may include your **social security number, date of birth, bank account numbers, credit card numbers**, and other personal information. **Never disclose this information unless you know exactly who is asking for the information.**

County and State Staff often call applicants and recipients of Assistance Programs for information. If you are not positive that it is County or State Staff asking for the information, do not respond to the caller. Instead, hang up and call the County or State and speak with your worker to make sure you are speaking to someone with a need to know your information.

County and State Staff will never call you to get information such as your height, weight, etc. They request only enough information to process your case and must follow confidentiality and privacy laws.

If you receive phone calls asking for personal information and you do not know who the caller is, you can call the Consumer Protection Division of the N.D. Attorney General's Office at 701-328-3404, toll free 800-472-2600 or ND Relay TTY 800-366-6888 to report the call.

Temporary Assistance For Needy Families (TANF)

What is TANF?

TANF makes a payment on behalf of needy children residing in North Dakota.

Who may be eligible?

If you are a relative taking care of a child, you and the child may be eligible if the child is:

- Under age 18 or will graduate from high school by age 19; and
- Be without parental support because of a parent's death, physical or mental disability, age or continued absence from the home.

You may also be eligible if you are in your third trimester of pregnancy.

A child born after July 1, 1998, who was conceived while the parent received benefits, will not be eligible, unless the child is conceived as a result of rape or incest.

Effective with all TANF applications received on or after April 1, 2009 for four (4) months, beginning with the month of application, the initial TANF grant for a month will include benefits for the child(ren) only, unless the caretaker is not required to participate in the Job Opportunity and Basic Skills (JOBS) Program or is participating in the Tribal NEW Program.

> **NOTE:** Benefits for the caretaker during the first four (4) months of TANF eligibility can only be paid (as a supplement), when your Eligibility Worker receives verification from the JOBS Employment Contractor that the caretaker has met their work participation requirements in the JOBS program.

If you are a fleeing felon, in violation of your parole or probation, or have had a drug related felony within the past seven (7) years, you may not get benefits.

What are the income and asset limits?

Monthly income from wages, child support, social security, pensions, veterans' benefits, or other sources must be less than the TANF income limits. Please contact your local county social service office for the current limits.

The asset limits are $3,000 for one individual, $6,000 for a household of two individuals, and an additional $25 per person for households of three or more.
Some assets are not counted such as:

- The home you live in
- One car
- Your household goods and furniture
- Your personal belongings and clothing

When will I receive my benefits?

If you are eligible, you will get your benefits no later than 30 days from the date your local county social service office receives your signed application.

After your application is approved, your benefits will be available on the 1st working day of each month.

How do I receive my benefits?

You will receive an Electronic Payment Card (EPC) in the mail. The EPC is a prepaid card issued by U.S. Bank called the ReliaCard. Benefits are deposited into your ReliaCard account, much like a bank account. (See the ND ReliaCard Cardhold Handbook for more information. You may view this handbook online at http://www.nd.gov/dhs/info/pubs/docs/dn-1203-tanf-relia-card-handbook.pdf or obtain a copy from your local county social service office.)

Where can I use my TANF ReliaCard?

You can use your TANF ReliaCard to make purchases at millions of places that VISA debit cards are accepted such as:

- Grocery Stores
- Gas Stations
- Restaurants
- Department and Discount Stores
- Online Stores or Sites
- To pay bills for doctors, dentists, utility companies etc.

Note: Federal Law prohibits the use of the TANF ReliaCard at:

- Liquor Stores
- Casinos, gambling casinos or gaming establishments
- Any retail establishment which provides adult-orientated entertainment in which performers disrobe or perform in an unclothed state for entertainment.

How long can I receive TANF benefits?

You may receive TANF up to 60 months. There are some exceptions for families to go beyond 60 months. You may contact your local county social service office about these exceptions.

What is Diversion Assistance?

Diversion Assistance provides short-term emergency benefits and services to families during a 'specific crisis or episode of need'. These benefits and services are designed to deal with a specific crisis situation or episode of need, are not intended to meet recurrent or ongoing needs, and will not extend beyond four months in a 12 month period. This will allow individuals to clear up problems that might push them further into poverty. TANF rules that do not apply to Diversion Assistance will be explained during your interview with your worker.

What is Transition Assistance?

Transition Assistance promotes job retention by providing an extended period of cash assistance to qualified TANF households. TANF households with earnings from employment exceeding the allowable standard of need for their household size may remain eligible for Transition Assistance for up to six months. Transition Assistance provides a safety net of financial support during this six-month period to assist households in attaining self-sufficiency; thereby eliminating the need for future government benefits.

What are the program rules?

Before you can recieve benefits you must:

- Complete and submit an application to your local county social service office.
- Complete SFN74 - Child Support Information and DN 403 - Acknowledgment of Nonrepresentation form which will be provided by your local county social service office.
- Be in compliance with Child Support Enforcement requirements
- Contact the JOBS/Tribal NEW coordinator within seven days (7) from the date of referral.
- Be a resident of North Dakota.

Once you are eligible you must:

- Cooperate with Child Support Enforcement (See the Child Support Enforcement section for more information.) If you are interested in receiving TANF and your cooperation with CSE might not be in the best interest of your child (example: domestic violence situation), you may claim “good cause”. If you claim “good cause”, you will need to provide additional information so “good cause” can be established. Refusal to cooperate, without good cause, will result in less benefits and could result in case closure.
- Cooperate with the JOBS/Tribal NEW Program. (See the JOBS Section for more information.)

Are there Additional Financial Incentives availabe to my Household?

Individuals under age 21 who are eligible for Medicaid and TANF and screened through the preventive health program known as Health Tracks, are eligible for a $25.00 incentive per individual. The incentive is available after the completion of the initial screening and each annual Health Tracks screening. Completion of the screening, for this purpose, does not include the follow-up appointments or referrals to other physcians that are generated from a screening.

Do I get my child support while I receive TANF?

All child support that becomes due while your family is receiving TANF is assigned to the State of North Dakota. North Dakota will keep assigned child support up to the amount of TANF benefits your family received.

If you receive a child support payment from any source other than North Dakota Child Support Enforcement (such as directly from the absent parent or from another state’s child support enforcement agency), you must immediately give the payment to Child Support Enforcement. Failure to do so is fraud and prosecution through the state’s attorney’s office will be pursured.

Do I get my child support when I stop receiving TANF?

After you stop receiving TANF, the State of North Dakota will not keep any child support payments, unless the payment received is for a month in which you received TANF. Child support received for a month in which you did not receive TANF will be sent to you.

What if I have more questions about my child support?

See the Child Support section for more information. You may also contact Child Support Enforcement or your local county social service office.

What information do I need to report if I am eligible?

Once you are eligible, the following changes must be reported within 5 days of the time you learn of the change. Report changes in:

- Gross monthly unearned income.
  Examples of unearned income:
  - ► Child Support
  - ► Social Security Benefits
  - ► Spousal Support
  - ► Unemployment Compensation
  - ► Veterans’/Military Benefits
  - ► Workers Compensation
- Gross monthly earned income.
  Examples of earned income:
  - ► Wages
  - ► Salary
  - ► Earnings from a Job
  - ► Self-Employment

You will also need to report:

- Changes in the source of income (a new job, a job loss, receipt or loss of unearned income).
- Changes in persons moving in and/or out of your home. This includes friends, family, relatives et.
- If you are moving to a new address.
- Changes in your household assets (vehicles, home, etc.)

What happens if I give false information on purpose?

If you:

- Give false information on purpose or misuse your TANF ReliaCard it may result in us taking legal action against you, either criminal or civil. It might also mean we reduce your benefits, take money back from you or you might not get benefits for 1 year for the first time, 2 years for the second time and forever for the third time.
- Give false information about who you are or where you live, you may not get TANF for 10 years.

Family Violence Screening

What is it?
TANF households will be screened for domestic violence. You may choose to discuss domestic violence with your worker at any time. This information will remain confidential.

At your request, a referral may be made to a local domestic violence program where services and options will be discussed. You may not have to meet TANF work and child support requirements while you receive services related to domestic violence.

Choosing not to discuss domestic violence will NOT result in the denial of TANF benefits.

What is the definition of domestic violence?
Domestic violence is physical harm, bodily injury, sexual activity by physical force, assault, or the fear of any of the above. Physical, emotional, and sexual abuse can occur between family members, household members, or people in a dating relationship.

Following is a listing of agencies providing services for abused individuals who choose to seek services on their own:

North Dakota Council on Abused Women's Services/Coalition Against Sexual Assault in North Dakota
525 N. 4th St.
Bismarck, ND 58501
1-888-255-6240 or (701) 255-6240

BELCOURT:
Hearts of Hope/Victims of Crime Program
PO Box 900, Belcourt, ND 58316
Crisis Line: (701) 477-0002; 1-877-776-7581
After hours: (701) 477-0168

DEVILS LAKE:
SAFE Alternatives for Abused Families
PO Box 646, Devils Lake, ND 58301
(701) 662-7378
Crisis Line: (701) 662-7378; 1-888-662-7378

DICKINSON:
Domestic Violence and Rape Crisis Center
PO Box 1081, Dickinson, ND 58602
Crisis Line: (701) 225-4506; 1-888-225-4506
After Hours: (701) 662-5323

BISMARCK:
Abused Adult Resource Center
PO Box 5003, Bismarck, ND 58502
(701) 222-8370
Crisis Line: 1-866-341-7009

BOTTINEAU:
Family Crisis Center
PO Box 371, Bottineau, ND 58318
(701) 228-2028
Crisis Line: 1-800-398-1098; 1-888-755-7595

JAMESTOWN:
S.A.F.E. Shelter
PO Box 1934, 112 6th St. SE
Jamestown, ND 58402
Crisis Line: (701) 251-2300; 1-888-353-7233

GRAFTON:
Domestic Violence and Abuse Center, Inc.
PO Box 308, Grafton, ND 58237
(701) 352-4242
Crisis Line: (701) 352-3059; 1-866-435-7490

GRAND FORKS:
Community Violence Intervention Center
211 S. 4th St., Grand Forks, ND 58201
(701) 746-0405
Crisis Line: (701) 746-8900; 1-866-746-8900

MCLEAN COUNTY:
McLean Family Resource Center
PO Box 506, 719 Main Ave.
Washburn, ND 58577
Crisis Line: (701) 462-8643; 1-800-651-8643

MERCER COUNTY:
Women's Action and Resource Center
PO Box 940, 206 12th St. NW
Beulah, ND 58523
Crisis Line: (701) 873-2274

MINOT:
Domestic Violence Crisis Center, Inc.
PO Box 881, 3331 Burdick Expy. E.
Minot, ND 58702
(701) 852-2258
Crisis Line: (701) 857-2200; 1-800-398-1098

ELLENDALE:
Kedish House
PO Box 322, 51 1st. St. N
Ellendale, ND 58436
(701) 349-4729
Crisis Line: (701) 349-4118; 1-877-349-4729

FARGO:
Rape and Abuse Crisis Center
PO Box 2984, 317 8th St. N
Fargo, ND 58108
Crisis Line: (701) 293-7273; 1-800-344-7273

FORT BERTHOLD:
Coalition Against Domestic Violence
PO Box 970, 506 Frontage Rd.
New Town, ND 58763
(701) 627-4171
Crisis Line: (701) 627-3617

RANSOM COUNTY:
Abused Resource Network
PO Box 919, 409 4th Ave. W.
Lisbon, ND 58054
Crisis Line: (701) 683-5061; 1-877-683-5061

SPIRIT LAKE:
Spirit Lake Victim Assistance
Box 297, Ft. Totten, ND 58335
(701) 766-1816
Crisis Line: (701) 766-1816; 1-866-723-3032

STANLEY:
Domestic Violence Program, NW ND
PO Box 538, Stanley, ND 58784
Crisis Line: (701) 628-3233; 1-800-273-8232

VALLEY CITY*:*
Abused Persons Outreach Center
PO Box 508, 117 3rd. St. NW
Valley City, ND 58702
(701) 845-0078
Crisis Line: (701) 845-0072; 1-866-845-0072

WAHPETON:
Three Rivers Crisis Center
509 Dakota Ave., Ste B., Wahpeton, ND 58075
Crisis Line: (701) 642-2115; 1-800-627-3659

WILLISTON:
Family Crisis Shelter
PO Box 1893, 723 Main St.
Williston, ND 58802
(701) 572-0757
Crisis Line: (701) 572-9111; 1-800-231-7724

Job Opportunities and Basic Skills (JOBS) Program/Tribal Native Employment Works (Tribal NEW) Program

What is JOBS/Tribal NEW Program?

The JOBS/Tribal NEW Program is the employment and training part of the TANF Program. The goal of JOBS/Tribal NEW Program is to help individuals who receive TANF to become self-sufficient by participating in work or other approved work activities.

If you are enrolled in or eligible for enrollment in a federally recognized tribe, and are attending college, vocational education or GED classes, you may be eligible to work with one of the Tribal NEW programs in the State to meet your TANF work requirements. Contact your local county social service office to find out if you are eligible to be in the Tribal NEW Program.

Do I have to work or do work activities to receive TANF?

If you are caretaker or child who receives a TANF benefit, you may need to work or do work activities unless:

- You are over 65 years of age;
- You are in receipt of Supplemental Security Income (SSI) or Social Security Disability (SSDI) benefits;
- You are caring for a child who is under two months of age; or
- You are a child receiving TANF, over age 16 and in school.

Effective with all TANF applications received on or after April 1, 2009, for four (4) months, beginning with the month of application, the initial TANF grant for a month will include benefits for the child(ren).

> **NOTE:** Benefits for the caretaker during the first four (4) months of TANF eligibility can only be paid (as a supplement) when your Eligibility Worker receives verification from the JOBS Employment Contractor that the caretaker has met their work participation requirements in the JOBS program.

What will I have to do?

You must cooperate by:

- Contacting the JOBS/Tribal NEW worker and scheduling an appointment within 7 days from the date you are referred.
- Keeping your appointment as scheduled.
- Arranging for child care and transportation to allow you to attend appointments and work activities.
- Meeting with the JOBS/Tribal NEW worker to review the requirements of the JOBS/Tribal NEW Program and completing a plan that outlines work requirements.
- Attending appointments.
- Working when scheduled.
- Participating in approved work activities.
- Accepting job offers and not quitting a job or reducing hours.

What happens if I do not cooperate?

If you do not contact a JOBS/Tribal NEW worker within 7 days from the date of your referral to schedule an appointment for orientation and complete your orientation as scheduled, your TANF application will be denied and you will need to reapply for TANF.

After your TANF application has been approved, if you do not cooperate with requirements of the JOBS/Tribal NEW Program, your TANF or SNAP benefits may be reduced. If you continue to not cooperate, your TANF case may be closed.

If you think you have a good reason to not participate in the JOBS/Tribal NEW Program, please contact your local county social service office.

If there financial help available for work activities?

Financial help may be available for you to get a job or do work activities, including money for:

- Fuel
- Car repairs
- Taxi, bus fares or paying others for rides
- Interview expenses, such as clothing or haircut
- Relocation assistance
- Child Care (See the Child Care Assistance Program section for more information.)

What happens if I cannot get to work?

If you have problems arranging child care or transportation, you must show how you tried to resolve them. You must follow through and cooperate with suggestions from your JOBS/Tribal NEW worker or TANF worker.

What if I am not ready to work?

Work requirements may be delayed if you are not able to work or do other work activities. Consideration may be requested when:

- You are unable to participate due to serious illness or disability
- You must care for a household member who is seriously ill or disabled
- You are unable to find child care even though you made several attempts to do so

TANF Kinship Care

What is TANF Kinship Care?

TANF Kinship Care provides an alternative to foster care. Social workers place children with family members and find the necessary resources to help meet the needs of the children. Family members include grandparents, aunts, uncles, siblings older than age 16, or cousins who are age 18 or older.

This program helps family members address the financial challenges of caring for a child. This financial assistance is available for the child until the child is reunited with parents or moves into a more permanent living situation.

Who may be eligible?

A child who is:

- In the care, custody and control of a county or state agency; and
- Younger than age 18 (unless a child is enrolled full-time in high school and is expected to graduate before he or she turns 19); and
- Living with a relative within the fifth degree of relationship (grandparent, aunt, uncle, sibling that is older than 16, or a cousin age 18 or older).

What are the program requirements?

- The caretaker must sign a Kinship Care Agreement.
- The caretaker must cooperate with Child Support Enforcement requirements.
- Background checks (criminal and child abuse and neglect) must be completed on all adult household members.
- A home study must be completed.
- The household must meet all other TANF requirements (See TANF Program section for more information).

What are TANF Kinship Care Supportive Services?

TANF Kinship Care supportive services may include the following reimbursements:

- Assistance with child care expenses
- Clothing allowance
- Legal fees associated with obtaining guardianship status
- School and community activity fees (uniforms, activity fees, transportation costs, school pictures, etc.)
- Emergency needs

Child Care Assistance Program (CCAP)

What is Child Care Assistance Program (CCAP)?
CCAP helps pay child care expenses for low-income families residing in North Dakota.

Who may be eligible?
If you are working, looking for a job, attending high school, attending GED classes, taking postsecondary education courses, or attending training you may be eligible for help with your child care expenses. Your child must be:

- A United States citizen or have resident alien status;
- Under age 13;
- At least age 13 but under age 19 and physically or mentally incapable of caring for themselves as verified in writing by a physician or a licensed or certified psychologist; or
- At least age 13 but under age 19 and in need of supervised care as specified in a court order.

Foster care children are not eligible for CCAP as the foster care program provides this service.

Your provider must be 18 years old and licensed, self-declaration, registered or an approved relative living in or near the borders of North Dakota. An approved relative is a grandparent, a great-grandparent, aunt or uncle or a sibling living in a different residence.

If your provider is not currently self-declaration, registered or licensed, the provider should contact the local county social service office or Tribal office (if the provider is living on Tribal land). If your provider qualifies to be an approved provider, they must complete an 'approved relative' application and be approved to provide care for your children. The 'approved relative' application is available at your local county social service office and available on-line.

For additional assistance in finding a provider in your area, visit Child Care Aware of North Dakota's website at http://www.ndchildcare.org. Child Care Aware provides families with a searchable statewide database of child care options.

Who receives the payment?
State law requires the provider receives the payment. If your provider wants you to receive the payment, your provider must submit a signed and dated SFN 848 - Child Care Provider Request to Pay Parent Directly to your local county social service office.

Will CCAP pay all my child care costs?
CCAP may pay a portion of the costs based on your income, maximum state rates and family size. You will be responsible for the amount not covered by CCAP.

If my provider requires a contract, will the CCAP meet all requirements in the contract?

No, the contract is between you and the provider. Your provider may charge fees, which CCAP will not pay.

When will the worker process my application?

The worker will determine your eligibility within 30 days. The worker may need to request further information before a decision can be made on your eligibility for CCAP.

What is a Child Care Certificate?

Child Care Certificate's provide families and providers with written documentation of eligibility for the Child Care Assistance Program and the most the State may pay. The intent of the certificate is to enable the family to obtain child care and give the provider verification that the family is eligible for the Child Care Assistance Program.

The certificate contains the name and address of the parent/caretaker, the children who will be receiving child care, the provider who has been chosen by the family to provide care, the co-payment amount the family is responsible to pay if the family is required to pay a co-payment, the maximum amount the state may pay up to, the parent/caretaker's allowable activity, the mandatory reportable changes, and the time period covered by the certificate.

What information do I need to report if I am eligible?

- Change in household size - Someone moves into or out of the household
- Change in allowable activity
  - ➢ Start or end of job search
  - ➢ Start or end of work activity (not previously in work activity or no longer in work activity)
  - ➢ Start or end of TANF Assistance, TANF Transition Assistance, Crossroads or Diversion
  - ➢ Start or end of school which includes a postsecondary student completes a bachelor's degree, associate degree, postsecondary diploma, certification of completion or any other vocational training course, or if the caretaker(s) change to another course of study.
- Increase in monthly child care hours for a child
- Changes in provider(s) or addition of provider(s)
- Changes in State residence (i.e. leaving the State to live elsewhere)
- Changes in income - household's monthly income exceeds the highest income level for the household's size.

Your certificate may be updated or your case may close as a result of the changes you report.

Do I have to report anything monthly?

Yes, every month you must submit a SFN 616 Child Care Billing Report form which is used to determine the payment that can be made by CCAP. The provider must list the days and hours your child received care during the month and the costs of services for the month. You must also lists the hours you were participating in your allowable activity while the child(ren) was in the provider's care. After the form has been completed, you must review the form for accuracy. After the form has been completed, both you and the provider must sign and date the form.

Will the CCAP pay for child care while I attend postsecondary education?

CCAP may allow for postsecondary education if you do not already have a Bachelor Degree or Graduate Degree. You must complete the SFN 113 - Postsecondary Education Information form to assist in determining if you will be eligible to receive assistance with child care while you attend college. SFN 113 may be found at www.nd.gov/forms.

What happens if I give false information on purpose?

If you give false information on purpose it might result in us taking legal action against you, either criminal or civil. It might also mean we reduce your benefit; take money back from you or you might not get benefits for 6 months for the first time, 1 year for the second time and forever for the third time.

How does CCAP Define Homeless?

CCAP uses the McKinney-Vento Act definition of homeless. According to this act, the term homeless means an individual who lacks a fixed, regular and adequate nighttime residence; and includes individuals who;

- Share the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals or awaiting foster care placement;
- Have a primary nighttime residence that is a public or private place not designed for or ordinarily used as regular sleeping accommodations for human beings;
- Live in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- Are migratory and live in any of the circumstances as described above.

Resources:
http://www.ndhomelesscoalition.org/
https://www.nd.gov/dpi/SchoolStaff/FTP/Homeless/

Refer to the Community Resources section of this handbook for an additional listing of programs that may be able to assist homeless families or help with shelter costs.

Crossroads

What is the Crossroads Program?

The Crossroads Program supports parents under the age of 21 while they continue their education to graduate from high school or obtain their GED.

Who may be eligible?

- North Dakota resident
- Attending high school, an alternative high school, or working towards their GED
- Under the age of 21
- Male or female - married or unmarried
- Must be living in the same home and be the primary caregiver of the child

Crossroads does not consider assets or income when determining eligibility

What does the program provide?

- Waived co-payment under the Child Care Assistance Program
    - If assistance is needed with child care you must also fill out a Child Care Assistance Program (CCAP) application and must meet CCAP's eligibility criteria.
- Assist with transportation costs
- Monthly education incentives
- Each parent may work one-on-one with a Crossroads case manager who will offer ongoing guidance and support
- Create a plan that includes educational activities and goals
- Graduation incentive upon completion of high school or GED

How do I apply?

Complete a Crossroads Program application and submit it to one of these locations:

- Crossroads Program
  ND Department of Human Services
  600 E Boulevard Ave Dept. 325
  Bismarck ND 58505-0250

- Your local county social service office
- Crossroads Case Manager

Supplemental Nutrition Assistance Program (SNAP)

What is SNAP?
SNAP, formerly known as the Food Stamp Program, helps people buy food for good health.

Who may be eligible?
You may be eligible if you are working for low wages, have low income or no income. You may not be denied SNAP benefits solely because you were denied from other programs.

What are the income and asset limits?
Monthly income from wages, child support, social security, Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), pensions, veterans' benefits or other sources must be less than the SNAP income limits. Income limits change each year. Please contact your local county social service office to determine the income limit for your household.

The asset limits are $3,250 for households with a member who is age 60 or older or disabled and $2,250 for all other households. We do not count the assets of people who receive TANF or SSI benefits or TANF Information and Referral Services.

Some assets are not counted such as:

- The home you live in
- Some vehicles
- Your household goods and furniture
- Your personal belongings and clothing
- Property that produces earned income (such as farm or business)

Can I get SNAP just for myself if I live with my family or with others?
People who live together and buy food and prepare meals together must receive benefits as one household.

What if I need help applying?
If you need applying for assistance, you may have a friend, relative or someone else help you apply.

You may also designate a person in writing or on the application to fill out the application, answer questions for you, give information at your interview, and buy your food with an Electronic Benefit Transfer (EBT) card. We will be able to share information with this person.

When will I receive my benefits?
If you are eligible, you will get your benefits no later than 30 days from the date your local county social service office receives your signed application. If you are eligible, your assistance will start from the date you apply. For residents of an institution who apply prior to release, the date of application is the date of release.

You may get SNAP within 7 days of your application date if any of the following are true:

- Your household's income before taxes is $150 or less; or
- You are a migrant or seasonal farm worker; or
- Your household's monthly rent/mortgage and utilities are more than your household's income before taxes.

After your application is approved, your benefits will be available on the 1st of each month.

How do I receive my benefits?

You will be issued an EBT card at your local county social service office. When you receive your card, you will select a Personal Identification Number (PIN). A PIN is a four digit secret code that acts as your signature or authorization. Benefits are deposited into your EBT account, much like a bank account.

What can I buy with my benefits?

Benefits may be used to buy food for your household with the exception of hot foods prepared for immediate consumption. Seeds and plants used to grow food for your household can also be purchased with benefits.

Non-food items such as pet food, soap, alcoholic beverages, tobacco products, paper products, vitamins and medicine cannot be purchased with benefits.

Persons over 60 years of age may use benefits to purchase "Meals on Wheels" and meals at senior meal sites. In some areas, restaurants can be authorized to accept benefits from qualified homeless, elderly, or disabled people in exchange for low-cost meals.

Benefits cannot be exchanged for cash or used to purchase food on credit.

How long can I receive benefits?

There is no limit to the length of time you can receive benefits. Time limits and requirements for other programs such as TANF do not apply to the receipt of SNAP. If you are no longer receiving TANF benefits, or if your case is closed for the time limits, because you started working or for some other reason, you may still qualify for SNAP.

What are the rules of SNAP?

You MUST NOT:

- Provide incorrect information in order to obtain benefits.
- Trade or sell your benefits.
- Use someone else's benefits for yourself.
- Buy, sell, steal or otherwise effect an exchange of SNAP benefits issued and accessed via Electronic Benefit Transfer (EBT) cards, card numbers and personal identification numbers (PINS), or by manual voucher and signatures, for cash or consideration other than eligible food, either directly, indirectly, in complicity or collusion with others, or acting alone.
- Exchange firearms, ammunition, explosives, or controlled substances for SNAP benefits.
- Purchase a product with SNAP benefits that has a container requiring a return deposit with the intent of obtaining cash by discarding the product, and intentionally returning the container for the deposit amount.

- Purchase a product with SNAP benefits with the intent of obtaining cash or consideration other than eligible food by reselling the product, and subsequently intentionally reselling the product purchased with SNAP benefits in exchange for cash or consideration other than eligible food.
- Intentionally purchase products originally purchased with SNAP benefits in exchange for cash or consideration other than eligible food.

What happens if I do not follow the rules of SNAP?

If you do not follow the rules, you:

- May not get benefits for 1 year for the first time, 2 years for the second time, and forever for the third time;
- May be fined up to $250,000 or jailed up to 20 years, or both; and
- May not get benefits for an additional 18 months if court ordered.

If a court finds you guilty of:

- Buying, selling or trading more than $500 in benefits, you will lose benefits forever.
- Trading benefits for firearms, ammunition, or explosives, you will lose benefits forever.
- Trading benefits for controlled substances, you will lose benefits for two years the first time and forever the second time.
- A drug related felony within the past seven (7) years, you may not get benefits.

If you are a fleeing felon, parole or probation violator, you may not get benefits.

If you give false information about who you are or where you live, you may not get SNAP for 10 years.

Giving wrong information on purpose may result in us taking legal action against you, either criminal or civil. It might also mean we reduce your benefits or take money back from you.

What do I do if I have a program complaint?

You may file a program complaints on delays in processing or general service, verbally or in writing. You may also request a meeting with your local county service office if you are questioning a denial of expedited service or any other concerns. This does not replace or will not delay a request for fair hearing.

Where do I file a complaint?

You may file a complaint with your local county social services office or the following:

Regional Administrator
Food and Nutrition Services
United State Department of Agriculture
Mountain Plains Region
1244 Speer Boulevard
Denver, CO 80204
303-844-0300
303-844-2160 (Fax)

State SNAP Office
North Dakota Department of Human Services
600 E. Boulevard Ave. Dept. 325
Bismarck, ND 58505-0250
800-755-2716 (ND Only)
701-328-2328
701-328-1060 (Fax)

Health Care Coverage

Health Care Coverage available through the Medical Service Division of the North Dakota Department of Human Services, includes the:

- Medicaid Program
- Medicare Savings Program
- Healthy Steps Program, and
- Aid to the Blind-Remedial Program.

Additional information regarding these programs is included in the pages that follow.

Medicaid Program

What is Medicaid?

Medicaid helps pay for health care services or insurance premiums for eligible individuals.

Who may be eligible?

You may be eligible if you are:

- Pregnant
- Blind, disabled or age 65 or older.
- A family with children under age 21, including adopted children.
- Age 21 or younger or age 65 or older, receiving services at the State Hospital.
- Under age 21, living in your own home or in a licensed foster home.
- A child under age 21 with special needs who receives assistance through subsidized adoption
- A woman, screened through the North Dakota Department of Health's Women's Way program, who need treatment for breast or cervical cancer.
- Starting January 1, 2014, individuals age 21 to 65.

What are the income and asset limits?

Monthly income from wages, child support, social security, pensions, veterans' retirement, or other sources must be less than the current Medicaid income levels. Income levels change each year. Please contact your local county social service office for the current level. If your income is slightly higher than the income level, you are encouraged to apply.

There is no asset limit for children, families, pregnant women, Medicaid expansion population or for women who apply under the Women's Way program.

The asset limits for individuals who are blind, disabled, or age 65 or older are $3,000 for one individual, $6,000 for a houehold of two individuals, and an additional $25 per person for households of three or more. If your spouse resides in a nursing home or you receive home and community based services you may qualify even if you have more assets.

Some assets are not counted such as:

- The home you live in
- One car
- Certain burial plans
- Your household goods and furniture
- Your personal belongings and clothing
- Property that produces earned income (such as a farm or business)

What happens if I give away income or assets?

Giving property or income away or selling property for less than its value may affect a person's eligibility for long-term care services such as nursing care services, home and community based services or swing bed care in a hospital. Contact your local county social service office for more information.

What if I have an annuity?

- As a condition of receiving Medicaid benefits, all applicants or recipients and their spouses, must disclose any interest they have in any annuity or similar financial instrument.
- The North Dakota Department of Human Services must be named as the primary remainder beneficiary of specific excluded annuities purchased and annuitized on or after August 1, 2005, for individuals age 55 or older or their spouse, as a condition of receiving Medicaid benefits.
- The North Dakota Department of Human Services becomes a remainder beneficiary of any annuity or similar financial instrument purchased or changed on or after February 8, 2006, for individuals of any age or their spouse by virtue of the provision of Medicaid nursing care benefits.
- Most spouses and minor disabled children may be named as remainder beneficiaries ahead of the Department of Human Services.

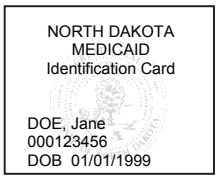
When does eligiblity for Medicaid begin?

A decision on your application will be made within 45 days from the date your local county social service office or the Medical Service Divison of the Department of Human Services (DHS) receives your signed application. If you have applied for Social Security disability, it may take up to 90 days. Medicaid may pay for health care services provided to you for up to 3 months before the month your signed application was received, provided you meet eligibility requirements in each of these months.

How will I know if I am eligible for Medicaid?

If you are eligible for Medicaid, you will receive a notice informing you of your eligibility. This notice will also include Medicaid Identification (ID) Numbers for each member of your household who is eligible. Approximately 4 to 6 weeks after you receive this notice, you will receive Medicaid ID cards, which will include your Medicaid ID Number.

What do I do with my Medicaid ID Card?



Show your Medicaid ID Card every time you receive health care services or have a prescription filled or refilled. Because emergencies can happen at any time, you should carry you Medicaid ID Card with you at all times.

What if I receive a bill that I thought Medicaid would pay?

First, you should contact the provider that billed you. Ask them to explain exactly which services you are being billed. You may have forgotten to inform them of your Medicaid ID number, pay a co-payment or you may be responsible for part of the bill because of your client share. If the charges are for services you received without a referral from your Primary Care Provider (PCP) or services not covered by North Dakota Medicaid, you will be responsible for the bill. If you still have questions about your bill, contact your local county social service office.

Do I give any rights to the State of North Dakota when I receive Medicaid?

You give your rights to support the medical expenses and payments for medical care from any third party payer to the State of North Dakota, to the extent of acutal costs of care paid by Medicaid. You must help pursue any third party payer who may have responsibility to pay for health care services. You must also report any payments you receive for health care services within 10 days of receiving the payment.

Will Child Support be involved?

If you receive Medicaid for children under age 18, you may be required to cooperate with Child Support (CS) in establishing paternity and establishing and enforcing medical support. (See the Child Support section for more information.) If you are pregnant or only your children receive Medicaid you do not have to cooperate with CS, but you are encouraged to do so.

If you are interested in receiving Medicaid and your cooperation with CS might not be in the best interest of your child (example: domestic violence situation), you may claim "good cause." If you claim "good cause," you will need to provide additional information so "good cause" can be established.

What are the rules of the Medicaid Program?

You must:

- Bring all information needed to determine your eligibility
- Provide true information
- Cooperate with Child Support in establishing paternity and in establishing and enforcing medical support for children whose parent(s) do not reside in the home. (This rule does not apply if you are pregnant or the only eligible family members in the case are children.)

What happens if I do not follow the rules of the Medicaid Program?

- If you give false information, your benefits may be denied or terminated and you may be reported for fraud.
- State and federal law provides for a fine, imprisonment, or both, for any person who withholds or gives false information to obtain assistance to which he or she is not entitled.
- A relative caring for a child, who does not cooperate in establishing a child's paternity or in establishing and enforcing medical support, may lose Medicaid benefits. (This rule does not apply if you are pregnant or a child.)

What information do I need to report if I am eligible?

You need to report changes within 10 days. Changes that need to be reported include:

- A household member becomes pregnant
- A baby being born
- Someone leaving the house
- Someone moving into the house
- A new job
- A change in income or assets
- A new address
- A change in health insurance coverage
- A child quits or begins school

Medicaid Co-Payments, Services and Limits

What services and medical costs does Medicaid cover?

- Ambulance Services for Emergencies
- Ambulatory Surgical Services (Outpatient Services)
- Chemical Dependency Services performed by Psychiatrists or Psychologists (Drug and Alcohol Abuse Treatment)
- Chiropractic Services
- Dental Care
- Doctor visits/services (includes medical doctors, nurse practitioners and certified physcian assistant)
- Durable Medical Equipment (Wheelchairs, etc.)
- Emergency room care is covered if the attending physician determines it is an emergency medical condition. Non-emergency conditions must be treated during physician or clinic office hours
- Family planning services provided by a doctor or family planning program
- Group home care for people with development disabilities
- Hearing Aid
- Hearing test/visits
- Home Health Care
- Hospice
- Hospital Services
- Immunizations
- Lab and X-Ray
- Long-term care services (home and community based services, swing bed, nursing facility)
- Medicare Part A and B premiums, co-insurance or deductibles.
- Mental Health Services (including psychiatric, psychological and clinical services from the Regional Human Service Centers)
- Mid-level Practitioner Services provided in the same clinic as the PCP (includes family and pediatric nurse practitioners, and certified nurse midwives)
- Nutritional Services
- Occupational Therapy
- Optometry (eye care)
- Obstetric and Gynecological Services (provided by a OB/GYN Specialist)
- Oral Surgery (referral from PCP, Orthodontist or Dentist)
- Orthodontic Services provided only through referral from Health Tracks Program (formerly EPSDT)
- Out-of-state services if pre-approved by North Dakota Medicaid
- Physical Therapy
- Podiatric Services (foot care)
- Prescription Drugs (Medicaid cannot pay for prescription drugs for individuals eligible for Medicare)
- Private Duty Nursing Services
- Prosthetics (artificial limbs) braces, and related equipment
- Public Health Unit Services
- Psychological Appointments
- Reconstructive Surgery (Prior Approval Required)
- Screening, diagnosis and treatment for children younger than age 21 through Health Tracks Program (EPSDT)
- Speech Therapy
- Transplant Services
- Transportation (with limits)

Are there limits on the number of services I can receive?

Medicaid does limit the service that can be received, as follows:

Service	Limits
Chiropractic manipulation	12 visits per year
Chiropractic X-Rays	2 per year
Occupational Therapy	20 visits per year (applies to services in a clinic or outpatient hospital. This limit does not apply to school-based services for children.)
Occupational therapy evaluation	1 per year
Psychological evaluation	1 per year

Service	Limits
Psychological therapy	40 visits per year
Psychological testing	4 hours per year
Physical therapy evaluation	1 per year
Physical therapy	15 visits per year (applies to services in a clinic or outpatient hospital. This limit does not apply to school-based services for children.)
Speech evaluation	1 per year
Speech therapy	30 visits per year (applies to services in a clinic or outpatient hospital. This does not apply to school-based services for children.)
Vision testing and prescriptions for glasses	Under 21 years of age - 1 exam and 1 pair of glasses per year 21 and older - 1 exam and 1 pair of glasses every 2 years

Authorizations in excess of the above limits may be granted by the Medicaid Utilization Staff when medically necessary. If the recipient is over their allowed amounts of the above services, a prior authorization is required.

Do I have to pay co-payments for services I receive?

There are co-payments for many services. People do not have to pay co-payments if they:

- Are under age 21
- Are pregnant
- Are referred from Contract Health Services (CHS)
- Receive Family Planning Services
- Need Emergency Services
- Use Generic Prescriptions rather than brand name
- Receive Medicaid through Women's Way Treatment Program
- Live in a nursing facility, swing bed, intermediate care facility for the intellectually disabled, the State Hospital or the Anne Carlsen School

Are there services I pay co-payments for and what amount?

Co-payments are required for the following services:

Service	Limits
All medical doctors, nurse practitioners, certified physician assistants	$2.00 for each office visit
Brand name prescription drugs	$3.00 for each prescription
Dental clinic appointment	$2.00 for each appointment
Optometry appointment	$2.00 for each appointment
Spinal manipulation received during a chiropractic appointment	$1.00 for each appointment
Outpatien speech therapy	$1.00 for each visit
Outpatient physical therapy	$2.00 for each visit
Outpatient occupational therapy	$2.00 for each visit
Outpatient psychological appointment	$2.00 for each appointment
Outpatient hearing test	$2.00 for each visit
Hearing aid supplied	$3.00 for each
Rural Health Clinic or Federally Qualified Health Center	$3.00 for each appointment
Podiatry office appointment	$3.00 for each appointment
Emergency room visit that is not an emergency	$3.00 for each visit
Inpatient hospital stay	$75.00 for each stay

What if my Doctor tells me I need to go out of State for Medical Care?

- You must get approval from Medicaid each time before you go to the doctor outside of North Dakota.
- Medicaid can only pay for services for which you have received this approval.
- If it is a medical emergency, your doctor may need to send you out of North Dakota immediately, your doctor will need to call Medicaid within 48 hours.
- If you are going to a doctor within 50 miles of North Dakota, you don't need an approval.

To get approval, your doctor will need to send Medicaid the following things:

- The out of state services request form.
- A request from a North Dakota specialist.
- Medical records about your health.

Getting approval will take 2-3 weeks unless it is medically urgent. So make sure the request gets to Medicaid at least 3 weeks before your appointment.

- If your doctor's office has any questions about this, they can call Medicaid

If you need help with the trip out of state, call your county worker.

- They may be able to help arrange your travel, meals and lodging.
- Your worker must wait until they get approval from Medicaid before they can help you.
- Medicaid cannot reimburse you.
- These costs must be approved by the county and billed by a ND Medicaid provider

If you have any questions, contact us at 701-328-2159 or (Fax) 701-328-0376.

Health Tracks

What is Health Tracks?
Health Tracks is a free preventive health-screening service offered to individuals enrolled in Medicaid.

Who may be eligible?
Children ages 0 to age 21 who are enrolled in Medicaid.

What happens during a Health Tracks screening?
During your visit you may receive a:

- Childhood immunization
- Dental Screening
- Developmental Screening
- Hearing Screening
- Lead Screening
- Mental health screening
- Physical examination including a health history
- Vision Screening

What happens after a Health Tracks Screening?
Referrals may be made for further diagnosis and treatment services:

- Childhood immunizations if not given during the screening
- Counseling
- Dental Care
- Developmental Tests
- Hearing Care
- Vision Care
- Lab Tests
- Prescription Drugs
- Orthodontic treatment (braces for teeth)
- Other specialty care if needed

How can I receive these services?
Simply contact your local county social service office or local public health unit. They will help you to schedule a Health Tracks appointment.

For more information call 1-800-755-2604.

Emergency Room & Ambulance Services

Emergency Room Services

When should I seek services from a hospital emergency room?
When you have an emergency medical condition, go to the nearest doctor or hospital. An emergency medical condition is a condition that could result in serious harm or would place your health in danger.

If you are pregnant this includes your health and your unborn child.

Do I need a referral or prior authorization for an emergency medical condition?
You do not need referral or prior authorization for an emergency medical condition. If you need emergency care, go to the nearest doctor or hospital.

Is there a co-payment for emergency room services?
If you use an emergency room for emergency services, there is no co-payment. If you use an emergency room for urgent or primary care services that are not an emergency, you will be charged a co-payment (refer to Medicaid copayments, SERVICES and Limits for co-pay amounts.)

What is urgent care?
Urgent care is medical service for an illness or injury that is not life threatening however requires medical attention immediately. Examples of Urgent care may include: colds, sore throat, and minor injuries. Urgent care clinics (or walk-in clinics) may be an option for an urgent care condition when your regular primary care provider (or another provider in their office) is unable to offer a timely appointment or if the illness/injury occurs outside of regular office hours.

Walk-In Clinics (Urgent Care/After-Hours/Convenience Clinics:

Walk-in clinics are “exempt” from Primary Care Provider (PCP) referrals only when BOTH of the following conditions are met:

1. The Walk-in clinic must be associated with the PCP’s clinic by having the same Medicaid Provider Identification number as the PCP’s clinic when submitting a claim.
2. The Medical Center/Walk-in clinic has an electronic health record system in which the Walk-in clinic provider is able to access the recipient’s medical records immediately upon assessing the medical recipient.

When both of these apply during the date of service the recipient is seen, a referral is not required. All other providers are allowed 15 working days from the date of the service to obtain a referral (see Retro-Active Referrals).

Urgent care clinics do not replace your PCP. If further follow up care is needed regarding your illness or injury, you should follow up with your PCP.

What is Primary Care?

Primary care includes first contact, comprehensive, and continuing care for all persons. Primary care practitioners are responsible for coordinating other health services as well. This includes referrals for specialty care. You should not go to an emergency room for primary care.

Ambulance Services

When is it appropriate to use an ambulance?

Ambulance services are meant to provide transporation and care when a person has an emergency medical condition.

When are ambulance services covered by Medicaid?

North Dakota Medicaid covers amublance services provided for an emergency medical condition. For non-emergency medical conditions, other methods of transportation must be used. If you use an ambulance for a non-emergency medical condition, you will be responsible for the ambulance charges.

Medicaid Managed Care (Primary Care Case Management Program (PCCM)

Did you know that a strong doctor-patient relationship is good for your health? Now you can have your own personal doctor, someone who knows you and your health history and understands your health care needs. The PCCM Program makes this possible.

When you apply for Medicaid, you must select a Primary Care Provider (PCP) for each eligible member of your family who is required to participate in the PCCM Program. If you do not choose a PCP, you will be responsible for the cost of medical services.

Interpreter services are available free of charge, at your county social service office, clinics, physican's office and hospitals. Go to these agencies or medical care providers to better understand Medicaid services in your language.

What is managed care (Primary Care Case Management Program (PCCM))?
Managed care is designed to improve both the quality of care you receive and access to medical care. To accomplish this, a Primary Care Provider (PCP) must be selected for each eligible member of your family who is requried to participate in the PCCM Program. If you do not choose a PCP, you will be responsible for the cost of medical services.

The basic feature of the PCCM Program is to have single medical professional to provide your primary care and manage your health care need. When you are feeling ill or need to schedule an annual exam, call your doctor's office. Your doctor will provide health care services. He or she will also refer you, if needed, to other doctors who specialize in specific health issues.

Who can I choose as my Primary Care Provider (PCP)?
Your PCP may be a Physician or an Advanced Registered Nurse Practitioner who specializes in one of the following areas:

- General or Family Practice
- Internal Medicine
- Pediatrics
- OB/GYN
- Rural Health Clinic (RHC), Federally Qualified Health Clinic (FQHC), or an Indian Health Services Clinic (IHS)

You must choose a provider who works in your commuity. If a PCP is not available in your community, you should select one in your county or in the surrounding area where you live. The PCP you choose could be a health care professional who has cared for you or your family before or who meets your current health needs. If you need help choosing a PCP, a county eligibility worker can give you a list of providers in your community, county or area. An eligibility worker can only give you information. You are responsible for choosing a PCP. You must notify your local county social service office of your PCP selection. It is important that you contact the provider that you want as your primary care provider to make sure the provider is accepting new patients.

To help your Primary Care Provider give you the best health care possible:

1. Tell your doctor about your medical problems.
2. Help your doctor get your past medical records.
3. Call ahead for appointments whenever possible.
4. Keep your appointments and be on time. Call your primary care provider's office if you are going to be late or can't keep your appointment.
5. Treat your doctor with respect.

Who must participate in managed care?

Children (to age 19), families and pregnant women who are eligible for Medicaid are required to enroll in managed care.

The following individuals are not required to participate:

- Enrollees under age 19 with special needs that are eligible for SSI, or eligible under section 1902(e)(3) of the Act or eligible under a maternal child Health Services Block Grant.
- Enrollees enrolled in Medicare
- Individuals residing in a nursing facility
- Individuals residing in an ICF/ID (Intellectually Disabled)
- Enrollees receiving home and community based services
- Disabled enrollees
- Blind enrollees
- Aged enrollees
- Residents of the State Hospital
- Enrollees receiving foster care IV-E and non IV-E
- Enrollees receiving adoption assistance, IV-E and non IV-E
- Enrollees receiving refugee assistance
- Enrollees having retroactive eligibility period
- Enrollees in non IV-E tribal foster care

What services require a referral from your Primary Care Provider (PCP) that are paid for by Medicaid?

Services that are paid by Medicaid are explained on page 26 of this booklet. There are many covered services. Services provided by a PCP will not require a referral.While some services required you to get a referral before receiving services, many services require no referral.

The following services require a referral from your PCP:

- Ambulatory Surgical Services (outpatient surgery)
- Durable Medical Equipment (wheelchairs, etc.)
- Emergency Service/Follow-up
- Hearing Services (Audiology)
- Home Health Care
- Hospice
- Hospital Services (Inpatient & Outpatient)
- Nutritional Services
- Occupational Therapy
- Oral Surgery (referral from PCP, Orthodontist, or Dentist)
- Physical Therapy
- Physician Services
- Private Duty Nursing Services
- Reconstructive Services (Prior Approval Required)
- Speech Therapy Services
- Transplant Services

NOTE: If you need counseling or referral services which are not covered because of moral or religious objections, contact your county social service agency or the State Medicaid agency for assistance.

Can I change my Primary Care Provider (PCP)?

You have the right to request a change to your PCP selection. You must submit your request either in person or in writing to your county social service agency.

You may request a change:

- Any time during the first ninety days;
- Every twelve months during the open enrollment period; or
- If you have good cause.
    - Good cause reasons include if you relocated, if you have significant changes in your health that requires a PCP with a different specialty, if the PCP relocates, if the PCP refuses to act or continue to act as your PCP, at your redetermination of Medicaid eligiblity, or to change to a managed care organization

When a good cause request is made, your county eligibility worker will determine if good cause exists and document the reason and decision. You will be sent a letter informing you of the approved change or denial. Voluntary disenrollment from a PCP is effective the day the request is received.

Prior to requesting a change in your PCP, you should contact the provider that you want as your PCP to make sure the provider is accepting new patients. If you need a provider that speaks a non-English language, you should also contact the provider you want as your PCP and discuss this need before you choose them as your PCP.

You should always try to see your PCP first for your health care needs. If your PCP is not available or you cannot wait until he or she is available, you may see a colleague or an assistant of your PCP that works in the same facility. But remember, if you need a referral for specialty care, the referral must come from your PCP.

If you request a change in your PCP and the request is denied, you have the right to ask for a fair hearing. This request must be in writing and must be made within 30 days of the decision about your care. Contact your county social service office for specific information on how to request a fair hearing.

If I am required to choose a Primary Care Provider (PCP), do I have to pay a co-payment?

You may have to pay part of the cost of your health care. The amount you are responsible for paying is called a co-payment. Each time you receive a medical service, you may have to pay a co-payment. Ask the clinic or hospital if they require you to pay the co-payment at the time you receive the service.

Co-payment amounts and a listing of services that do not require you to pay a co-payment can be found under the ‘Medicaid Co-Payments, Services and Limits’ section of this guidebook.

What if I need to receive Speciality Services that my PCP cannot provide?
Most health care services (excluding emergency services) received outside of your PCP's office requires a referral or authorization from your PCP. If you need specialty services, your PCP will authorize (refer) you to see another doctor, hospital, laboratory, or other health care provider. Before you receive specialty services, you must receive a referral from your PCP. Your PCP's office may be able to help you make an appointment with the specialist. If a referral is not received, you may have to pay for the visit.

Emergency medical services and family planning services do not require a referral from your PCP. Emergency care is covered, if it is for medical conditions which most non-medical people think of as life-threatening, or which could cause death or severe, permanent damage or injury to a person or unborn baby if not treated immediately.

When does a newborn baby need a Primary Care Provider (PCP)?
You should notify your eligibility worker and choose a PCP within 2 days of your baby's birth. This gives the state time to have the PCP in place by the time the baby's exemption period (7 days after birth) is up.

Should my Medicaid Primary Care Provider (PCP) and my Primary Care Provider under my other insurance be the same person?
Yes you should select the same doctor. Medicaid requires that you follow your private insurance company's policy.

What are my rights as an enrollee in the Primary Care Provider Case Management (PCCM) program?
You have the right to:
- Receive information and instructional materials and the right to request additional information and material.
- Be treated with respect and with due consideration for your dignity and privacy.
- Receive information on available treatment options and alternatives, in a manner appropriate to your condition and ability to understand.
- Participate in decisions regarding your health care, including the right to refuse treatment.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Request and receive a copy of your medical records, and request they be amended or corrected.

What are my responsibilities as an enrollee in the Primary Care Case Management (PCCM) Program?
Your responsibilities as a North Dakota Medicaid Participant are:
- Learn and follow PCCM and Medicaid rules.
- Choose your Primary Care Provider in a timely manner.
- Always contact your PCP first for your non-emergency medical needs.
- Keeping scheduled appointments.
- Cancel scheduled appointments in advance when you cannot keep them.
- Be sure you have a referral before going to a specialist.
- Carrying your North Dakota Medicaid ID Card with you and showing it when you receive health care services.

- Contacting your eligibility worker about any changes in your case or if you have questions.
- Understand when you should and should not go to the emergency room. If possible, contact your PCP first.Emergency care is covered **only if** it is for a medical emergency. You could be responsible for paying for non-emergency services received in a hospital emergency room.

How do I get more information?

More information about Medicaid Managed Care Program(s) can be found on our website: http;//www.nd.gov/dhs/services/medicalserv/medicaid/ or contact your local county social service office.

Medicare Savings Program

What is the Medicare Savings Program?

The Medicare Savings Program assists with Medicare costs for individuals with limited income and assets. You could save more than $1,000 a year on medical insurance. The amount of money you save can vary depending on the amount of your income.

What Medicare costs can the Medicare Savings Program Pay?

This program can pay your:

- Monthly Medicare Part B Premium and the annual deductible
- Medicare co-insurance costs (20% of approved charges for doctors' services Medicare does not pay)
- Medicare hospital deductible
- Monthly Medicare Part A Premiums (hospital insurance) if you do not receive Part A free of charge

Eligibility for the Medicare Savings Program automatically deems individuals to be eligible for the extra help with Medicare Drug Plans.

Who may be eligible?

Individuals who have Medicare Part A and/or Part B coverage may be eligible.

What are the income and asset limits?

Monthly income from wages, social security, pensions, veteran's benefits or other sources must be less than the current income level. Only a portion of your wage is counted. Income levels change each year. Contact your local county social service office for the current levels.

Your savings and other assets (do not count one vehicle, your home, clothing or household goods) must have a value of less than Medicare Part D Low Income Subsidy asset levels in the year you apply. For current values, contact your local county social service office.

Medicaid Estate Recovery

What is Medicaid estate recovery?

State and federal law requires the Department of Human Services to make claims against the estate of some Medicaid recipients. A claim will be made against the estate of: (1) any recipient who was age 55 or older when the Medicaid benefits were provided; (2) any recipient who has been permanently institutionalized and received services, regardless of age; or (3) against the estate of a spouse of any Medicaid recipient who was age 55 or older or permanently institutionalized when the Medicaid benefits were provided. The claim is for the amount of Medicaid benefits issued to a person age 55 or older or if permanently institutionalized. State law controls the distribution of a decedent's estate. It limits the kind of claims that can be paid before any Medicaid claim. Funeral expenses are limited. A claim is not made if the only Medicaid benefit provided was help with "Medicare costs sharing" provided on or after January 1, 2010. Assets under BIA jurisdiction are not subject to recover. Assets under tribal jurisdiction are subject to recover only if permitted by tribal law. Estate recovery may take place in a court case, or may be done more informally by collecting funds and property that belonged to the person who died. If you want to dis-enroll from Medicaid coverage because of this, please contact your local county social service office. You can find county information in this guidebook on the County Social Service Offices page.

Effective August 1, 2015, the department CANNOT file a claim against the estate to recover payments made on behalf of recipients who received coverage through a private carrier. Individuals eligible under the Medicaid Expansion coverage receive their coverage through a private carrier,

What if there is a surviving spouse or children?

No claim for Medicaid benefits correctly issued must be paid during the lifetime of a Medicaid recipient's surviving spouse or while the recipient's surviving child is under age 21 or blind or disabled.

What if the decedent leaves a will?

A decedent's estate must first pay the decedent's debts. A will does not change that. Unless an estate has sufficient cash to pay all claims, estate property is sold to pay the claims. Family members can purchase estate property at fair market value.

Can funeral expenses be paid from an estate?

An applicant for Medicaid benefits may designate up to $9,000, which would include $3,000 of their Medicaid benefits asset limit and a $6,000 pre-need funeral service set-aside, along with any earnings on the designated funds to be used for funeral expenses. If there are no funds designated for funeral expenses, the state can spend no more than $3,000 to meet the expenses. Any funds designated for funeral expenses must be reported to the county social service office before the recipient's death.

Family and friends may use their own money to help pay for the funeral expenses. Additional amounts may not be paid for assets in the decedent's estate before Medicaid claims are paid in full.

What other claims can be paid before the Medicaid claim is paid?

The decedent's estate can pay funeral expenses, expenses of the sickness or condition that caused the decedent's death, the necessary and reasonable costs of administration, certain other assistance claims, and claims on behalf of the state hospital. The Medicaid claims must when be paid in full before other creditors or claims can be paid.

What if an account is payable to someone else at the decedent's death?

Unless all estate claims are paid in full, money a decedent left in a joint account, an "in trust for" (ITF) account, or any other payable on death (POD) account must be made available to pay claims and costs of probate. If the money was properly designated as a deposit for funeral expenses, the money can be used for that purpose.

How is a Medicaid claim made?

If a decedent leaves only cash and limited personal property, the county social service board or the Department of Human Services will usually collect the amount that must be paid for Medicaid claims using an Affidavit for Collection of Personal Property. Sometimes family members will be asked to help sell personal property that is worth the cost of probate, or if there is some other reason a probate is necessary, the person named in a will or some other family member can be appointed personal representative and properly distribute the decedent's estate. Attorney fee and other reasonable costs of administration can be paid from the estate. The county social service office will usually initiate probate only if there is no family member willing or able to do so.

What should I do if I need help reviewing this information?

This brochure provides only general information about estates and Medicaid claims. If you have questions about probate or wills, or if you are the personal representative for an estate, please ask your private attorney. If you need assistance in reviewing this brochure, contact your county social service office.

Healthy Steps Program (Children's Health Insurance Program - CHIP)

What is Healthy Steps?

Healthy Steps provides premium-free health, dental, and vision insurance coverage to uninsured children in qualifying families. It is intended to help meet the health care needs of children from families that have too much income to qualify for full Medicaid coverage, but not enough to afford private insurance.

Who may be eligible?

- Children under age 19 (including month child turns 19)
- Children who do not qualify for full Medicaid
- Children who do not have health insurance

What are the income and asset limits?

Children may be eligible if family net income (after subtracting childcare costs and payroll taxes) is greater than the Medicaid income level, but less than the Healthy Steps income level. Income levels change each year. Contact your local county social service office for the current level.

If a family is self-employed, net self-employed income is used.

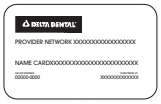
Family assets are not considered in determining eligibility for Healthy Steps.

How will I know if I am eligible?

If you are eligible for Healthy Steps, you will receive a notice informing you of your eligibility. You will receive member handbooks and insurance cards for each qualifying child.

Medical

Vision



Dental

When does eligibility begin?

Healthy Steps coverage begins the month after the month the child is approved. When children are enrolled in Healthy Steps, they are enrolled for a 12-month period, or until the end of the month in which the child turns 19 years old.

What do I do with my health insurance card?

Show your cards every time you receive services or have a prescription filled or refilled. Because emergencies can happen at any time, you should carry your cards with you at all times.

Will Child Support Enforcement be involved?

No. However, you can apply for services directly from Child Support Enforcement. (See the Child Support Enforcement section for more information.)

What services are covered?
Some of the covered services are:

- Inpatient hospital stay, medical and surgical
- Outpatient hospital and clinic services
- Mental health and substance abuse services
- Prescription medications
- Routine prevention services (such as well-baby check-ups and immunizations)
- Dental and vision services
- Prenatal services

Are there services that are not covered?
There are some healthcare services that are not paid through Healthy Steps, which includes costs related to the delivery of a baby. For more specific information, refer to your member handbook or call the number on the back of your card.

Will I have to pay a monthly premium?
No. There are no monthly premiums.

Will I have to pay co-payments under Healthy Steps coverage?
Most families are required to pay modest co-payments when a child receives certain services.

- Emergency Room - $5 per visit
- Hospitalization - $50 per stay
- Prescription - $2 for generic, $5 preferred brand, $10 non-preferred

Due to the unique relationship that exists between the federal government and tribal governments, the co-payment requirement has been waved for American Indian children.

Do I have to choose a primary care provider for my child?
No. Healthy Steps does not require families to select a primary doctor or provider for their children.

Do I need a referral to take my child to a specialist?
A covered child does not need a referral to a specialist, but parents may want to contact the insurance company. For details on any coverage questions, call the number on the back of your card. Authorized referrals are required for non-participating providers and out-of-state healthcare providers.

What are the rules of the Healthy Steps Program?
You must:

- Provide all the information needed to determine your eligibility
- Provide true information

What happens if I do not follow the rules?

- If you give incorrect or false information or fail to report changes within 10 days, you may be required to repay benefits.
- State and federal law provides for a fine, imprisonment, or both, for any individual who withholds or gives false information to obtain assistance to which they are not entitled.

What information do I need to report if I am eligible?

You need to report changes to your local county social service office within 10 days. Changes that need to be reported include, but are not limited to:

- A baby being born
- Someone leaving the house
- Someone moving into the hosue
- A new address
- A change in health insurance coverage

Changes in household income do not need to be reported. Income is reviewed on a yearly basis.

Aid To The Blind-Remedial Program

What is Aid to the Blind-Remedial Program?

The Aid to the Blind-Remedial (AB-R) Program meets treatment needs of individuals who are in danger of losing their vision or require restorative eye services. This program is for short duration and not intended as a maintenance program.

Who may be eligible?

AB-R is available only for those people who are over age 21 and under age 65 and are not eligible for Medicaid and:

- Have a sight-threatening disease (retinal detachment, hyper-mature cataract, etc.) regardless of the vision in the other eye; and
- Require elective remedial eye therapy, where the better eye is less than 20.50, best corrected, visual acuity.

What are the income and asset levels?

Income and asset levels for AB-R are the same as Medicaid. (See the Medicaid Program section for more information.)

What services does AB-R cover?

Services provided under AB-R include:

- Examination and treatment provided by an ophthalmologist
- Hospitalization for eye treatment and surgery
- Drugs for treatment of the eyes
- Glasses and artificial eyes, including the services provided by optometrists and optical companies in relation to fitting and dispensing such items

Prior approval is required before receiving recommended treatment unless it is an emergency situation.

Remedial eye care does NOT include treatment of diseases causing impairment or loss of eyesight such as diabetes, high blood pressure, etc. AB-R is not intended to meet the costs of ordinary eye examinations, eyeglasses, physical examinations, or travel and other expenses necessary to receive treatment.

Basic Care Assistance Program

What is Basic Care?
Basic Care helps people who reside in licensed basic care facilities pay for their room and board.

What are the program requirements?
To be eligible an individual must:

- Be 65 years of age or older or 18 years of age or older and disabled or blind
- Be a resident of North Dakota
- Be eligible for Medicaid
- Have income less than the cost of room and board
- Receive an assessment that determines a need for basic care services

Who receives Basic Care Assistance payments?
The payments are made directly to the licensed basic care facility.

What happens if I give away income or assets?
An individual is ineligible if the individual or the spouse gives away assets or income for less than fair market value within 36 months of the date of the application.

What are the rules of the Basic Care Assistance program?
Information must be provided to determine eligibility including but not limited to social security number, citizenship, proof of age, identity, proof of relationship, blindness or disability, and income and assets. All changes in circumstances must be reported.

For more information contact your local county social service office.

Child Support Enforcement (CSE)

What is Child Support Enforcement?

CSE helps children get support from the parent not living in the home (absent parent). The CSE program helps:

- Locate the absent parent
- Establish who the father is (paternity)
- Establish or change a child support order
- Establish or change a medical support order
- Enforce a child support order
- Enforce a medical support order

The CSE program cannot help with visitation or custody.

How can I get CSE services?

- If your family receives Temporary Assistance for Needy Families (TANF) and one parent is not living with the child, your family will automatically be referred to CSE for services.
- If your family receives Medcaid and one parent is not living with the child, or the paternity needs to be legally established, your family will automatically be referredto CSE for services, only if an adult in the case is requesting Medicaid, or the child is in foster care. However, if the only adult requesting Medicaid is pregnant, then no referral is made to CSE for services.
- You can apply for services directly from CSE.

If I am an American Indian, can I receive CSE services?

Yes, people of all races can receive CSE services. If you or the other parent live on an Indian reservation or in another state, CSE and the tribe or the other state can work together to provide the services.

Will I need to cooperate with CSE?

- If your family receives TANF, you must cooperate with CSE in establishing paternity and in establishing and enforcing child support.
- If you and your children receive Medicaid and have been referred to CSE, you must cooperate with CSE in establishing paternity and in establishing and enforcing medical support. If you are pregnant or only your children receive Medicaid, you do not have to cooperate with CSE, but you are encouraged to do so.
- If you are interested in receiving TANF or Medicaid and your cooperation with CSE might not be in the best interest of your child (example: domestic violence situation), you may claim ‘good cause.’ If you claim ‘good cause’, you will need to provide additional information so ‘good cause’ can be established.

What do I have to do to cooperate?

Depending on what services CSE is providing, you will be asked to cooperate in different ways. You will need to work with CSE to the best of your ability in whatever they ask you to do. For example, CSE may require you to complete forms about your family and the absent parent. If paternity needs to be established, you may need to meet with CSE to provide necessary information and you may need to have genetic tests.

What if I do not know where the absent parent is living or working?

CSE may be able to help. CSE has access to many record, including unemployment, motor vehicle, driver’s license, credit bureau, and state and federal tax records. There are laws that require employers to report newly hired employees to CSE. CSE also works with the federal Office of Child Support Enforcement to find the absent parent.

What if I am not sure who the father of my child is?
A genetic test will be performed and is very accurate.

Is it important to legally establish paternity?
Yes. Legally establishing paternity provides a child of unmarried parents the same legal rights as a child born to married parents. Legal rights can include establishment of a child support order, access to family medical history, insurance coverage, disability or survivor's benefits, and inheritance rights.

Do I have to go court to legally establish paternity?
You may need to, but there are ways to establish paternity without going to court. If the mother and the father agree he is the father, both parents can sign SFN 8195 - North Dakota Acknowledgment of Paternity form to establish paternity. You should talk with CSE about your specific situation.

What will the absent parent be ordered to pay?
The amount of the child support the absent parent will be ordered to pay depends on the financial situation of the absent parent. CSE will gather information the court needs and will recommend to the court how much the absent parent should pay. The court makes the final decision about how much the absent parent will be ordered to pay. There are guidelines that CSE and the courts must follow. The court may also order health insurance for the children.

What if the absent parent refuses to pay child support?
CSE can help collect child support that has been ordered. The most common way to collect is to require the absent parent's employer to withhold the support from the absent parent's paycheck. Another common way to collect past-due child support is to take the absent parent's federal or state tax refund.

What if the absent parent refuses to get health insurance for my child?
CSE can help get health insurance that has been ordered. The most common way to get a child enrolled in health insurance is to require the absent parent's employer to enroll the child in health insurance that is available through employment.

How can I get more information about CSE?
You can call the central CSE office toll-free at 1-800-231-4255. You can also visit the CSE website at www.childsupportnd.com.

You can also contact the CSE office in the region you live:

Bismarck Region
Regional Child Support Enforcement Unit
316 N 5th Street, Suite 300
PO Box 7310
Bismarck, ND 58507-7310
Phone (701) 328-0955
Fax (701) 222-6751
bismarckcse@nd.gov

Devils Lake Region
Devils Lake Regional Child Support Enforcement Unit
1820 Walnut Street E., Suite 4
Devils Lake, ND 58301
Phone (701) 665-4475
Fax (701) 662-1351
devilslakecse@nd.gov

Dickinson Region
Southwest Area Child Support Enforcement Unit
135 Sims Street, Suite 202
Dickinson, ND 58601-5141
Phone (701) 227-7424
Fax (701) 227-7427
dickinsoncse@nd.gov

Fargo Region
Regional Child Support Enforcement Unit
4950 13th Ave. S. Suite 22
Fargo, ND 58103
Phone (701) 298-4900
Fax (701) 298-4930
fargocse@nd.gov

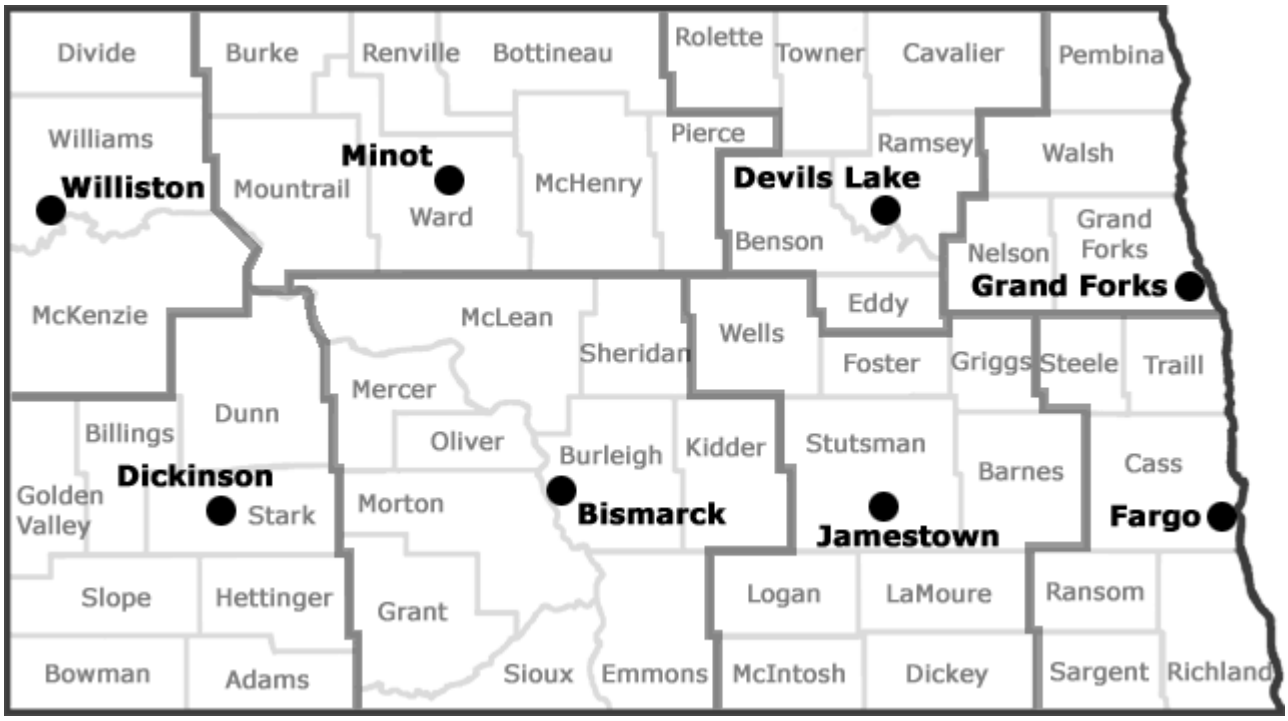
Grand Forks Region
Regional Child Support Enforcement Unit
151 S. 4th Street, Suite N101
PO Box 5756
Grand Forks, ND 58206-5756
Phone (701) 775-3960
Fax (701) 775-3130
grandforkscse@nd.gov

Jamestown Region
Regional Child Support Enforcement Unit
804 13th Street NE
PO Box 427
Jamestown, ND 58402-0427
Phone (701) 253-6260
Fax (701) 253-3932
jamestowncse@nd.gov

Minot Region
Regional Child Support Enforcement Unit
325 28th Avenue SW, Suite C
PO Box 2249
Minot, ND 58702-2249
Phone (701) 857-7696
Fax (701) 857-7777
minotcse@nd.gov

Williston Region
Regional Child Support Enforcement Unit
202 Main Street, Lower Level
Williston, ND 58802-2047
Phone (701) 774-7940
Fax (701) 774-4332
willistoncse@nd.gov

For TTY users, call 1-800-366-6888.



Quality Control

What is Quality Control?

Quality Control reviews Supplemental Nutrition Assistance Program (SNAP), Health Care Coverage and Temporary Assistance for Needy Families (TANF) programs. These reviews are done to make sure that:

- Individuals who receive benefits are eligible for them
- Individuals who are eligible are not denied benefits
- Individuals receive the correct amount of benefits

How will this affect me?

If your case is chosen, you will be informed. Your file will be reviewed and an interview may be scheduled or a questionnaire will be mailed to you to complete. The reviewer will ask information to verify your eligibility. This may include:

- Bank statements
- Income verifications
- Medical expenses
- Rent receipts
- Social Security cards

The reviewer will also ask for your written consent to contact others for information needed to complete the review.

What happens if I do not cooperate?

You may lose your benefits if you do not cooperate with Quality Control.

Civil Rights

What is the policy of the Department of Human Services (DHS)?
DHS makes available all services and assistance without regard to race, color, religion, national origin, age, sex, disability, political beliefs, or status with respect to marriage or public assistance. Persons who contract with or receive funds to provide services for DHS must follow these laws.

The policies of DHS also require that:

- You be given the chance to apply for assistance and/or services, or both.
- The same eligibility standards applied to you as others in similar situations.

In accordance with Federal law and U.S. Department of Agriculture (USDA) and U.S. Department of Health and Human Services (HHS) policy, ND DHS is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, religion or political beliefs.

What do I do if someone has discriminated against me?
You may file a written complaint using the SFN143 - Civil Rights Complaint Form on the following page if you believe you have been discriminated against because of race, color, religion, national origin, age, sex, disability or status with respect to marriage or public assistance, in accordance with Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, the Age Discrimination Act, the Americans with Disabilities Act and the North Dakota Human Rights Act, or if you believe you have been discriminated against because of your political beliefs, in violation of USDA policy.

Where do I file a complaint?
Written complaints can be filed with your local county social service office or any of the following:

Program Civil Rights Office
North Dakota Department of Human Services
Legal Advisory Unit
600 E. Boulevard Avenue, Department 325
Bismarck, ND 58505-0250
701-328-2311
TTY 800-366-6888
Fax 701-328-2173

U.S. Department of Health & Human Services
Office for Civil Rights, Region VIII
1961 Stout Street
Room 08-148
Denver, CO 80294
800-368-1019
TDD 800-537-7697
Fax 202-619-3818

U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Avenue SW
HHH Building, Room 509-F
Washington, DC 20201
202-619-0403
TTY 800-537-7697
Fax 202-619-3437

*U.S. Department of Agriculture
Office of Adjudication
1400 Independence Avenue SW
Washington, DC 20250-9410
866-632-9992
Fax 202-690-7442
TTY 800-877-8339
Email: program.intake@usda.gov

**State and local agencies are required to comply with the ND Human Rights Law that include "status with respect to marriage or public assistance". However, federal agencies are not required to investigate complaints related to the ND Human Rights Laws.

When should I file a complaint?
The complaint must be filed within 180 days of the incident. Include in your complaint the nature of the discrimination; where and when it took place; who discriminated against you; and all other important facts. Remember to date the form and sign your name.

What happens when I file a complaint with the ND DHS Program Civil Rights Office?
The Program Civil Rights Office will determine if the nature of the complaint is within its jurisdiction. If it is, an investigation will be conducted and you will know the outcome of the complaint within 60 business days of when it was filed. If it is not, you will receive a letter. If you file your complaint with another agency, they will notify you accordingly.

CIVIL RIGHTS COMPLAINT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
LEGAL ADVISORY UNIT
SFN 143 (1-2016)

Individual or Organization Against Whom the Complaint is Made:

Basis of the Discrimination (check all that apply):

☐ Race ☐ Age ☐ Religion ☐ National Origin ☐ Political Beliefs+

☐ Color ☐ Sex ☐ Disability ☐ Status with Respect to Marriage or Public Assistance

Reason for complaint: (Describe in detail when, where, and how the alleged discrimination occurred.) Attach additional sheets, if needed.

Signature:		Date:	
Name (print):		Telephone Number:	
Address:	City:	State:	ZIP Code:

Send to: Program Civil Rights Office
North Dakota Department of Human Services, Legal Advisory Unit
600 E. Boulevard Avenue, Department 325
Bismarck, ND 58505-0250
701-328-2311
TTY 1-800-366-6888; FAX 701-328-2173

Energy Assistance Program:LIHEAP

What is LIHEAP?

The purpose of the Low Income Home Energy Assistance Program (LIHEAP) is to provide home energy assistance to eligible low income households.

Who should apply?

- Households who buy their heating fuel from a fuel dealer or utility company (fuel oil, pro pane, natural gas, electricity, wood, coal, and kerosene), and households whose rent pay ments include the cost of heat, if they do not receive a rent subsidy.
- Households who need assistance with fuel costs that are high due to houses that are older or in poor shape.
- Households who have difficulty paying fuel bills due to other rising costs and are in danger of losing their heating source.

What are the income and asset limits?

The total adjusted income, after allowable expenses, of all persons living in the household must be counted. Contact the local county social service board for income guidelines for each heating season as these may change from year to year.

The total assets of all persons living in your household cannot be more than $10,000. Each household member age 60 or over is allowed an extra $5,000 in assets. Assets include cash, saving, or checking accounts, stocks, bonds, CD's, burial accounts and other personal property or real estate which could be borrowed against or sold for cash.

Types of property NOT counted in the $10,000 include one's home, clothing, personal effects, household goods, any real estate property which is producing reasonable income and two licensed road vehicles.

What services are available?

The Energy Assistance Program can help with the costs of heating your home or apartment, weatherization of your home, furnace and chimney cleaning, emergency assistance, cooling devices and energy cost reduction devices.

How do I apply?

To apply for the Energy Assistance Program, please contact your local County Social Service Board, or call the State LIHEAP office at 1-800-755-2716. Hearing impaired: TTY # Relay ND 1-800-366-6888.

Women, Infant and Children (WIC) Program

What is the WIC Program?

The North Dakota Women, Infant and Children (WIC) program offers healthy food for proper growth and development and helps families choose healthier ways of eating.

WIC gives you good foods to help you provide the best possible start for your child to grow up healthy. Foods such as fruits, vegetables, milk, whole grains, eggs, peanut butter, cereal, formula and baby food are made available for your family. But that's not all. The WIC Program also provides nutrition and health information, as well as referrals to other services for pregnant and breastfeeding women, new moms, infants, and children to age 5.

For more information, contact your local WIC office or visit www.ndhealth.gov/wic

Who may be eligible to receive WIC?

The WIC program is for families with at least one child younger than age 5, pregnant women who meet the eligibility requirements, breastfeeding women and women who have recently had a baby. WIC is available in all counties in North Dakota. If you are a mother, father, grandparent, foster parent or other legal guardian of a child younger than 5, you can apply for WIC.

What are the Income Limits?

Your family's income, before taxes, must be below the income level, which is based on the poverty level. Income levels may change each year. Visit the WIC website or contact the local WIC office for the current income levels.

Note: If you receive Medicaid, TANF, SNAP (food stamps), or Healthy Steps, you are income eligible for WIC even if your income is above these guidelines.

How do I apply for WIC?

To apply, contact your local WIC office. To find the clinic location nearest you, look in the phone book under WIC or Public Health. You can also call the state WIC Program toll free at 1-800-472-2286.

Family Planning Program

What is Family Planning?

Family planning helps you decide the number of children you want and when you want to have them. It is a decision for you and your partner to make together.

Who can use services at a Family Planning clinic?

Family planning services are available regardless of age, gender, race, nationality, religion, sexual preference, disability or ability to pay.

Why have Family Planning clinics?

- To help individuals who have health needs
- To help individuals prepare for and plan pregnancies
- To support healthier relationships
- To promote healthier communities

What is the cost of services at a Family Planning clinic?

Individuals are charged for services according to their household income and family size. Private pay, insurance, Medicaid, Medicare and donations are accepted.

What services are available at a Family Planning clinic?

- Individuals may receive education and information about:
  - ►All birth control methods, including abstinence and natural family planning.
  - ►How to use the birth control method of their choice
  - ►"Safer-sex" practices
  - ► Sexually transmitted diseases (STDs)
  - ► HIV/AIDS
  - ►Health promotion
  - ►Pregnancy
  - ►Nutrition
  - ►Fertility
  - ►Sterilization procedures
  - ►Breast self-exam
  - ►Testicular self-exam

- Individuals may receive:
  - ►Blood Pressure
  - ►Height & weight
  - ►Urinalysis
  - ►Sexually-transmitted diseases (STD) testing and treatment
  - ►HIV/AIDS testing
  - ►Pap smear
  - ►Physical examination
  - ►Lab work
  - ►Breast exam
  - ►Testicular exam
  - ►Breast self-exam
  - ►Testicular self-exam

- A birth control method that best meets their needs.
- Basic fertility services, along with appropriate referrals.
- Pregnancy testing.
- Basic genetic counseling and referral for genetic evaluation.
- Emergency contraception.

North Dakota Family Planning Clinics

Custer Family Planning Center
549 Airport
Bismarck, ND 58504 (701) 255-3535

*Fort Yates (701) 255-3535

Community Action Partnership Family Planning Program
202 E. Villard
Dickinson, ND 58601 (701) 227-0131

*Scranton (701) 227-0131

Lake Region Family Planning Program
Ramsey County Courthouse
524 Fourth Ave. NE Unit #9
Devils Lake, ND 58301 (701) 662-7046

*Rugby (701) 776-6937
*Spirit Lake Nation (701) 776-1251

Fargo Cass Public Health Family Planning Program
413 Third Ave. N
Fargo, ND 58102 (701) 241-1383

Upper Missouri District Health Unit Family Planning Program
110 W Broadway, Suite 101
Williston, ND 58801 (701) 774-6400

*Crosby (701) 965-6813
*Stanley (701) 628-2951
*Watford City (701) 444-3449

Valley Health and WIC
1551 28th Ave. S
Grand Forks, ND 58102 (701) 775-4251

*Grafton (701) 352-5139

Central Valley Family Planning Program
122 2nd St. NW
Jamestown, ND 58401 (701) 252-8130

*Valley City Courthouse (701) 252-8130
*Valley City State University (701) 845-7212

First District Health Unit Family Planning Program
801 11th Ave. SW, PO Box 1268
Minot, ND 58702 (701) 852-1376

Richland County Family Planning Program
413 Third Ave. N
Wahpeton, ND 58075 (701) 642-7735

*Lisbon (701) 683-6145

All Services are Strictly Confidential!

For more information, contact the agency nearest you, visit www.ndhealth.gov/family-planning or call (800) 472-2286 (toll free).

*Satellite clinics

Community Resources

Your local county social service office provides information and referral services. Following are examples of programs and services available to help your family. Let your local county social service office know if you are interested in any of the programs or services. Asking for information does not require you to be referred or to participate. Not all programs or services are available everywhere in the state.

Programs to help elderly stay in their home

- Homemaker/ Home Health Aid Services
- Meals on Wheels/ Senior Meals
- Senior Companion Programs

Programs to find child care or help pay child care

- Child Care Assistance Program
- Child Care Resource and Referral Service
- Tribal Child Care Assistance Program

Children/Youth Programs

- County and Tribal Social Services
- Head Start/Early Head Start Program
- Free and Reduced School Lunch Program
- Developmental Disabilities
- Salvation Army (After school and summer programs

Agencies that offer individual, family, marital or credit counseling

- Catholic Family Services
- Indian Health Services - Mental Health
- Lutheran Social Services
- Mental Health Association Statewide information, referral and crisis intervention service.
- Red Cross - Disaster Counseling
- Regional Human Service Centers
- Village Family Service Center
- Veteran's Administration
- Tribal Treatment Programs

Programs to help you get a job

- Experience Works
- Job Service
- Vocational Rehabilitation
- Tribal Native Employment Works

Programs to help families without income

- Bureau of Indian Affairs/Tribal General Assistance
- Social Security Administration (disability benefits, survivors benefits, retirement benefits)
- Temporary Assistance for Needy Families (TANF)
- Unemployment Benefits
- Veterans Administration
- Workforce Safety and Insurance

Programs to help your family to get food or to buy food

- Community Action Program (CAP)
- Commodities - Tribal Food Distribution
- Family Nutrition Education Program
- Supplemental Nutrition Assistance Program (SNAP)
- Food Pantry
- Salvation Army
- Women Infant & Children (WIC)

Programs to assist homeless families or help with shelter costs

- Homeless Shelter or Safe House
- Housing Assistance Program (HAP)
- Energy Assistance Program (LIHEAP)
- North Dakota Fair Housing Counsel - discrimination or grievance concerns

Health Coverage and Insurance Programs for Children and Adults

- Caring Program for Children - Insurance
- Children's Special Health Services (formerly Crippled Children's Fund)
- Easter Seals
- Healthy Steps (CHIP) - Insurance
- Health Tracks - Preventative Health Screening
- Indian Health Services
- March of Dimes
- Medicaid - Medical Coverage
- Planned Parenthood - Women's health and birth control information
- Public District Health Services
- SHIC - State Health Insurance Counselors 1-888-575-6611
- State Hospital
- Veteran's Administration
- Veteran's Home in Lisbon

Other

- Child Support Enforcement
- Earned Income Tax Credit - Special tax break
- Legal Services
- Protection and Advocacy - Support individual's rights
- Telephone Assistance Program - Lifeline/Linkup - Pays for part of phone hook-up and monthly bill
- Translator or Interpreter Services - Assistance for those who have difficulty understanding English

County Social Service Offices

For information on applying for benefits, eligibility or an existing case, contact your local county social services office.

County	Address	City, State, Zip	Phone	Fax
Adams	606 2nd Ave N	Hettinger, ND 58639	567-2967	567-2498
Barnes	230 4th St NW Rm 103	Valley City, ND 58072	845-8521	845-4281
Benson	108 4th St E	Minnewaukan, ND 58351	473-5302	473-5330
Billings	67 1st St SE	Beach, ND 58621	872-4121 872-4122	872-3141
Bottineau	314 5th St W Ste 1	Bottineau, ND 58318	228-3613	228-3600
Bowman	104 1 St NW Ste 8	Bowman, ND 58623	523-3285	523-5871
Burke	103 Main St SE	Bowbells, ND 58721	377-2313	377-2302
Burleigh	415 E Rosser Ave Ste 113	Bismarck, ND 58501	222-6622	222-6644 222-6476
Cass	1010 2nd Ave S	Fargo, ND 58108	241-5761	239-6820
Cavalier	324 7th Ave	Langdon, ND 58249	256-2175	256-2179
Dakota Central				
• Center Office	115 Main St	Center, ND 58530	794-3212	794-3476
• McClusky Office	215 E 2nd St	McClusky, ND 58463	363-2281	363-2702
• Stanton Office	1030 Arthur St	Stanton, ND 58571	745-3384	745-3390
• Washburn Office	121 Case St	Washburn, ND 58577	462-3581	462-3590
Dickey	205 15th St N	Ellendale, ND 58436	349-3271	349-3277
Divide	300 2nd Ave N	Crosby, ND 58730	965-6521	965-6529
Dunn	125 Central N	Killdeer, ND 58640	764-5385	764-5070
Eddy	22 9th St S	New Rockford, ND 58356	947-5314	947-2960
Emmons	100 NW 4th St	Linton, ND 58552	254-4502	254-4503
Foster	1000 N Central Ave	Carrington, ND 58421	652-2221	652-2207
Golden Valley	67 1st St SE	Beach, ND 58621	872-4121 872-4122	872-3141
Grand Forks	151 S 4th Suite 200	Grand Forks, ND 58206	787-8535	772-1426
Grant	106 2nd Ave NE	Carson, ND 58529	622-3706	622-3045
Griggs	912 Burrel Ave	Cooperstown, ND 58425	797-2127	797-2172
Hettinger	309 Millionaire Ave	Mott, ND 58646	824-3276	824-2820

County	Address	City, State, Zip	Phone	Fax
Kidder	120 E Broadway	Steele, ND 58482	475-2551	475-2298
LaMoure	202 4th Ave NE	LaMoure, ND 58458	883-5301 Ext 7	883-4427
Logan	301 Broadway	Napoleon, ND 58561	754-2283	754-2282
McHenry	407 S Main	Towner, ND 58788	537-5944	537-5417
McIntosh	112 NE 1st St	Ashley, ND 58413	288-3343	288-2186
McKenzie	201 5th St NW, Suite 790	Watford City, ND 58854	444-3661	444-6436
Morton	200 2nd Ave NW	Mandan, ND 58554	667-3395	667-3384
Mountrail	18 2nd Ave SE	Stanley, ND 58784	628-2925	628-3175
Nelson	210 B Ave West, Suite 104	Lakota, ND 58344	247-2945	247-2943
Pembina	300 Boundary Rd W #3	Cavalier, ND 58220	265-8441	265-8058
Pierce	820 S Main Ave	Rugby, ND 58368	776-5818	776-2516
Ramsey	524 4th Ave #19	Devils Lake, ND 58301	662-7050	662-7095
Ransom	205 4th Ave W	Lisbon, ND 58054	683-6133	683-4491
Renville	205 Main St E	Mohall, ND 58761	756-6374	756-7158
Richland	413 3rd Ave N	Wahpeton, ND 58075	642-7751	642-7826
Rolette	212 2nd Ave NE	Rolla, ND 58367	477-3141	477-5979
Sargent	355 Main St S, Suite 7	Forman, ND 58032	724-6241	724-3323
Sioux	302 2nd Ave	Fort Yates, ND 58538	854-3821	854-3854
Slope	104 1st NW Suite 8	Bowman, ND 58623	523-3285	523-5871
Stark	664 12th St W	Dickinson, ND 58601	456-7675	456-7777
Steele	600 S Washington	Finley, ND 58230	524-2584	524-1103
Stutsman	116 1st St E	Jamestown, ND 58402	252-7172	252-1561
Towner	315 2nd St	Cando, ND 58324	968-4355 Ext 8	968-4359
Traill	114 W Caledonia Ave	Hillsboro, ND 58045	636-5220	636-5221
Walsh	516 Cooper Ave	Grafton, ND 58237	352-5111	352-5060
Ward	400 22nd Ave NW	Minot, ND 58702	852-3552	857-0756
Wells	600 N Railway	Fessenden, ND 58438	547-3694	547-3348
Williams	110 W Broadway, Suite 202	Williston, ND 58801	774-6300	572-9794

Regional Human Service Centers

The North Dakota Department of Human Services operates eight regional human service centers. Each serves a multi-county area, providing counseling and mental health services, substance abuse treatment, services for people with disabilities, and other related social services. No one is refused services because of inability to pay. Fees are adjusted for income and household size (number of dependents). Insurance is accepted, if available.

Core Services Provided in Each Region

Aging Services

- Services to protect vulnerable people from self neglect or financial exploitation or abuse
- Long term care ombudsman services to help people in nursing homes and basic care and assisted living facilities to resolve care concerns
- Family caregiver program to help family members caring for frail elderly or disabled individuals, and to help grandparents caring for grandchildren
- Licensing of adult family foster care providers

Developmental Disabilities Services

- Case management of people with mental retardation or developmental disabilities.
- Day support services that focus on physical recreational, and personal care, community integration skills, job readiness skills and supervision for health and safety purposes
- Extended (long term) support provided by job coaches to help sustain employment of individuals with developmental disabilities
- Infant development therapy and support services for children at risk of or experiencing developmental delays.

Vocational Rehabilitation (VR)

- Determining eligibility for VR services
- Determining vocational rehabilitation needs
- Counseling/guidance
- Information and referral
- Job related services
- Vision services for people who have difficulty seeing.
- Supported employment services for working people with disabilities
- Services to help employers to meet the needs of employees or customers with disabilities and to comply with the Americans with Disabilities Act (ADA)

Child Welfare Service

- Supervision of county child care licensing and county child abuse and neglect related services
- Clinical mental health or substance abuse services if appropriate
- Psychological assessments of parental strengths and needs

Children's Mental Health

- Care coordination
- Acute clinical therapy and treatment services
- Case aide services
- Crisis residential/safe beds
- Flexible funding to meet unique needs of children

Adult Mental Health

(Services for individuals with serious chronic conditions)

- Extended care coordination
- Case aides
- Residential services
- Community support services
- Medical management
- Acute clinical services as appropriate

(Services for people dealing with self-harm or suicide, child abuse and neglect, children in foster care or subsidized adoptive homes who would benefit from clinical services, and people in need of acute psychiatric services)

- Crisis/Emergency call response 24-hour, 7-days per week
- Psychological and clinical evaluations and testing

Psychiatric evaluations

- Therapy for individuals, groups, and families
- Case management
- Medication management
- Crisis residential services
- Short-term hospitalization
- Lab and clinical screening services
- Screening and Referral to the N.D. State Hospital

Substance Abuse Treatment Services

- Care coordination and case aide services
- Addiction evaluation
- Social and medical detoxification
- Low-intensity treatment
- Intensive outpatient treatment
- Day treatment
- Residential services
- Medication and medical monitoring

Regional Human Service Center Contact Information

West Central Human Service Center
1237 W Divide Ave., Suite 5
Bismarck, ND 58501
Phone: (701) 328-8888
Toll Free: (888) 328-2662
TTY: (800) 366-6888
Fax: (701) 328-8900
dhswchsc@nd.gov
Crisis Line:
Phone: (701) 328-8899
Toll Free: (888) 328-2112
Vocational Rehabilitation:
Phone: (701) 328-8800
Toll Free: (888) 862-7342
TTY: (701) 328-8802

Lake Region Human Service Center
200 Hwy 2 SW
Devils Lake, ND 58301
Phone: (701) 665-2200
Toll Free: (888) 607-8610
TTY: (701) 665-2211
Fax: (701) 665-2300
dhslrhsc@nd.gov
Crisis Line: (701) 662-5050 [*collect calls accepted*]
Toll Free: (888) 607-8610
An Outreach Office is located in Rolla.

Northeast Human Service Center
151 S 4th Street, Suite 401
Grand Forks, ND 58201
Phone: (701) 795-3000
TTY: (800) 366-6888
Fax: (701) 795-3050
dhsnehsc@nd.gov
Crisis Line: (701) 775-0525 or (800) 845-3731
Vocational Rehabilitation:
Phone: (701) 795-3100
Toll Free: (800) 256-6742
TTY: (800) 366-6888
An Outreach Office is located in Grafton.

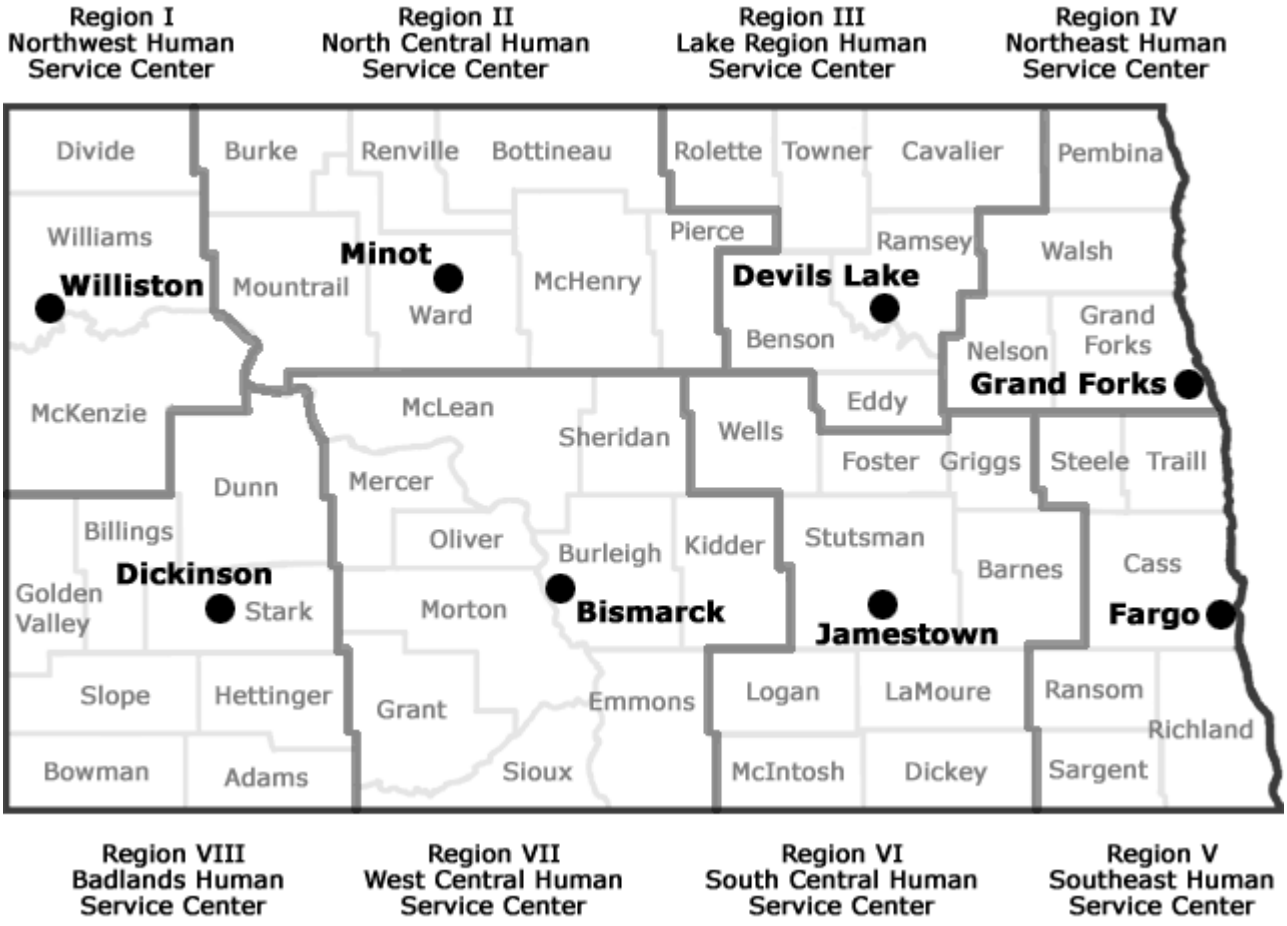
Badlands Human Service Center
300 13th Ave. W, Suite 1
Dickinson, ND 58601
Phone: (701) 227-7500
Toll Free: (888) 227-7525
TTY: (701) 227-7574
Fax: (701) 227-7575
dhsblhsc@nd.gov
Crisis Line: (701) 227-7500 or (701) 290-5719
Vocational Rehabilitation:
117 1st Street E.
Dickinson, ND
Phone: (701) 227-7600
Toll Free: (888) 227-7525
Fax: (701) 227-7618
TTY: (701) 227-7620

Southeast Human Service Center
2624 9th Avenue S
Fargo, ND
Phone: (701) 298-4500
Toll Free: (888) 342-4900
TTY: (800) 366-6888
Fax: (701) 298-4400
dhssehsc@nd.gov
After Hours Crisis Line:
(701) 298-4500 or (888) 342-4900
Vocational Rehabilitation:
Phone: (701) 298-4459
Toll Free: (888) 342-4900
TTY: (800) 366-6888

North Central Human Service Center
1015 S Broadway, Suite 18
Minot, ND 58702
Phone: (701) 857-8500
TTY: (701) 857-8666
Fax: (701) 857-8555
dhsnchsc@nd.gov
Crisis Line: (701) 857-8500 or (888) 470-6968

South Central Human Service Center
520 3rd Street NW
Jamestown, ND 58402
Phone: (701) 253-6300
TTY: (701) 253-6414
Fax: (701) 253-6400
dhsschsc@nd.gov
Crisis Line: (701) 253-6304
Vocational Rehabilitation:
Phone: (701) 253-6388
TTY: (701) 253-6414

Northwest Human Service Center
P.O. Box 1266
316 2nd Avenue W
Williston, ND 58802
Phone: (701) 774-4600
Toll Free: (800) 231-7724
TTY: (701) 774-4692
Fax: (701) 774-4620
dhsnwhsc@nd.gov
Crisis Line: (701) 572-9111 or (800) 231-7724
Vocational Rehabilitation:
Phone: (701) 774-4600
Outreach offices are located in Crosby, Tioga and Watford City.



NOTES: