



EXPANDED SERVICE PAYMENTS FOR ELDERLY AND DISABLED (Ex-SPED) PROGRAM POOL DATA

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AGING SERVICES/HOME AND COMMUNITY BASED SERVICES (HCBS)
SFN 56 (12-2019)

Last Name of Eligible Expanded SPED Program Applicant (Please Print)
First Name (Please Print)

Social Security Number

Does the person live alone?

Yes No

The Privacy Act of 1974 requires the following information be provided when individuals are requested to disclose their social security numbers. Disclosure of the social security number is voluntary and it is requested for identification purposes. Failure to disclose this information will not affect participation in this program.

ADLs (Point Value: 0, 1, 2, or 3) An impairment is a 2 or 3

- 0 = Completely able**
- 1 = Able with aids/difficulty**
- 2 = Able with help**
- 3 = Unable**

Bathing	Eating	Mobility Inside	Transfer Bed/Chair	Dressing
Toileting	Continence			<input style="width: 40px; height: 25px;" type="text"/> TOTAL POINTS

IADLs (Point Value: 0, 1, or 2) An impairment is a 1 or 2

- 0 = Without help**
- 1 = With help**
- 2 = Unable to do at all**

Meal Preparation	Communication	Laundry	Taking Medication	Shopping
Mobility Outside	Transportation	Housework	Management of Money	<input style="width: 40px; height: 25px;" type="text"/> TOTAL POINTS

Ex-SPED Eligibility: Impaired at least three (3) of the following four (4) IADLs: Meal Preparation, Laundry, Taking Medication, or Housework.

Is the applicant receiving Supplemental Security Income (SSI)?

Yes No

Has it been verified that the applicant is currently on Medicaid?

Yes No - the applicant must be on Medicaid in order to be eligible for Ex-SPED

Case Manager	County	County Number
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