



NDFCSP NOTICE OF SERVICE DENIAL, CLOSURE OR TERMINATION

ND DEPARTMENT OF HUMAN SERVICE

AGING SERVICES DIVISION

SFN 331 (10-2007)

Date

Type of Notice

Client Name

Name of Family Caregiver Coordinator

Name of Human Service Center

It has been determined that you are ineligible or no longer eligible for the following program or service:

Reason you are ineligible or no longer eligible:

Citation::

Date Denial, Closure or Termination is Effective

If you believe the decision in this notice is incorrect, you may request a conference with the Regional Aging Services Program Administrator or designee, please contact the following:

Name

Telephone Number

Regardless of a request for a conference, you have a right to submit a grievance to the Department of Human Services within 30 days from the date of this notice. The grievance must be made in writing to:

Director Aging Services Division
North Dakota Department of Human Services
1237 West Divide Avenue, Suite 6
Bismarck, ND 58501