



NORTH DAKOTA FAMILY CAREGIVER SUPPORT PROGRAM

NOTICE OF SERVICE DENIAL OR CLOSURE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGING SERVICES

SFN 331 (8-2023)

Date

Type of Notice <input type="checkbox"/> Denial of Program or Services <input type="checkbox"/> Case Closing

Name of Caregiver

Name of Aging Services Staff

It has been determined that you are ineligible or no longer eligible to receive services from the North Dakota Family Caregiver Support Program (NDFCSP).

Citation
<input type="checkbox"/> Individual does not meet targeting criteria. OAA 373(c)(2) ND FCSP Service Standard 650-25-45
<input type="checkbox"/> Individual does not meet or no longer meets eligibility requirements. OAA 372 & 373(c)(1) ND FCSP Service Standard 650-25-45-05
<input type="checkbox"/> Caregiver has not accessed respite services as defined. OAA 372(a)(1) & 373(a) ND FCSP Service Standards 650-25-45-65
<input type="checkbox"/> Other (specify): _____

Reason

Date Denial or Closure Effective

If you believe the decision in this notice is incorrect, you may request a conference with the Aging Services Program Administrator. Please contact the following:

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

Director Aging Services
Department of Health and Human Services
1237 West Divide Avenue, Suite 6
Bismarck, ND 58501