CHILDREN WITH MEDICALLY FRAGILE NEEDS APPLICATION

DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 394 (Rev. 05-2011)

Clear Fields

Name of Child	Child's Date of Birth	
Address	Telephone Number	
City	State	ZIP Code
Is Child on ND Medicaid? ☐ Yes ☐ No If Yes, Effective Date:	Primary Physician	
Diagnosis		
Durable Medical Equipment Needed		
Mother's Name	Telephone Number	
Address	Work Number	
City	State	ZIP Code
Father's Name	Telephone Number	
Address	Work Number	
City	State	ZIP Code

Return Completed Form To:

Children with Medically Fragile Needs
ND Dept of Human Services
600 East Boulevard Ave Dept 325
Bismarck ND 58505-0250

Toll Free: 1-800-755-2604
Direct: 1-701-328-3701
FAX: 1-701-328-4875

FOR OFFICE USE ONLY:

LoC	LoN	Score
Parent/Legal Caretaker Signature		Case Manager of Choice

Case Management is a service within the waiver. Families have the choice as to who they want to complete this service. The following are some examples/possiblities families can look into to complete this service, this is NOT an all-inclusive list. Developmental Disability Program Manager/County Social Services/Lutheran Social Services/Medical Home case maangers/EasterSeals/anyone who work closely with the family and meets the minimum requirements of the services (for more information and assistance please contact the Program Manager). Providers of this services must be enrolled as a Provider with North Dakota Medicaid.