# REQUEST FOR CLIENT ASSISTANCE SERVICES

ND DEPARTMENT OF HUMAN SERVICES
CLIENT ASSISTANCE PROGRAM
SFN 410 (8-2007)

The purpose of the Client Assistance Program is to inform and advise all applicants and clients of their rights and benefits under the Rehabilitation Act of 1973 as amended. With your request, the Client Assistance Program will assist you in your relationships with projects, programs, and facilities providing services under the Rehabilitation Act of 1973 as amended.

| Last Name: | First Name: | MI: | Social Security Number: |
|---|---|---|---|
| Street Address: | | | Birth Date: |
| City: | | State: | Zip Code: |
| Home Telephone: (including area code) | Business/Cell Telephone: (including area code) | | |
| Vocational Rehabilitation Counselor: | Vocational Rehabilitation Office: | | |

**I hereby request the services of the Client Assistance Program in helping with the following: (Please provide a brief description).**

I authorize the Client Assistance Program to review my case file and to discuss this request with the agency involved and other appropriate staff. The information collected by the Client Assistance Program as a result of this request is confidential. It will not be revealed except as necessary to comply with the law or furnish services and will be released only at my request or direction.

| Signature: | Date: |
|---|---|

**Inquiries may be directed to:**

North Dakota Client Assistance Program
1237 West Divide Avenue Suite 3
Bismarck ND 58501-1208
E-Mail: cap@nd.gov
Website Address: www.nd.gov/cap

Telephone: 701-328-8947
Toll Free: 1-800-207-6122
TTY: 701-328-8968
Fax: 701-328-8969