ADD NEW RECORD TO MMIS ELIGIBILITY FILE-SPED AND EX-SPED

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AGING SERVICES/HOME AND COMMUNITY BASED SERVICES (HCBS)
SFN 676 (11-2021)

Clear Fields

Individual Information

Individual Name (Last, First, Middle Initial)	Individual Identification Number (ND Number) ND		
Address (no P.O. Box)	City	State	ZIP Code
Mailing Address (if different from physical address)	City	State	ZIP Code
Gender ☐ Male ☐ Female	Date of Birth	Social Security Number*	
Case Manager	County	County Number	

Application Information

Application Type	☐ Initial	☐ Rate Change	☐ Address Change	☐ Re-open	☐ Correction
Funding Type	☐ SPED	☐ Ex-SPED			
Date of Application	Date of Approval				

Liability Information (for SPED individuals only)

Liability Percent %	Date of Liability

For New SPED or Ex-SPED individuals only (complete the remaining sections)

Is individual's primary language English?	☐ Yes	☐ No - if no, what language?	
Marital Status	☐ Married	☐ Divorced	☐ Widowed
	☐ Separated	☐ Never Married	☐ Unknown
Is individual a United States citizen?	☐ Yes	☐ No - if no, list citizenship status	
Ethnicity	☐ Non-Latino/Hispanic	☐ Latino/Hispanic	
Race	☐ White	☐ Black or African American	☐ American Indian or Alaskan Native
	☐ Native Hawaiian or Other Pacific Islander	☐ Asian	☐ Other

This approval is good for 3 months from the Date of Approval shown on the SFN 676. If services are not started during that time, a citation must be requested to terminate SPED or Ex-SPED.

All required HCBS case management and specific service documents must be in place in order to bill for services to new Individuals.

* 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.

Original - Individual's File Copy - Aging Services/HCBS