



APPLICATION FOR SERVICE

DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGING SERVICES/HOME AND COMMUNITY BASED SERVICES (HCBS)
SFN 1047 (1-2024)

Applicant's Name (Last, First)	Date
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Agency	County of Residence
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I apply for services to assist me with

FOR YOUR INFORMATION (Please read before signing below)

Case Management is a service that assists individuals in learning about, applying for, accessing and maintaining home and community based services in the most integrated setting appropriate to their needs. Eligibility and fees for State and Federally funded home and community based services are based on physical need and financial eligibility requirements. If you are found ineligible you may obtain a second opinion from a neutral healthcare professional about whether you could receive community based services and if so, what community based services are necessary. The second opinion must be provided to the Department of Health and Human Services (Department). The evaluation will be considered and if you are found eligible it will be included in your Person-Centered Plan of Care.

We respect your right to receive prompt, professional service, to be involved in developing the person-centered plan of care and service goals, and to have records about you kept confidential. Home and community based service providers will not release any personal information about you (either verbal or written) without your permission except to do so by law or regulation or in the administration of the program. Within the Department, information about you will be shared only with staff who are involved in the administration or provision of services which you receive.

The Department is prohibited from discriminating on the basis of race, color, sex, gender identity, sexual orientation, age, disability, national origin, religion, or status with respect to marriage or public assistance, and in some cases political beliefs.

In the event you feel dissatisfied with the home and community based service provided to you, you are encouraged to call this to the attention of the person providing services to you and your case manager. If still dissatisfied, you may have a review by the Director or designee of Aging Services. You may also file a Qualified Service Provider (QSP) complaint by contacting the Aging and Disability Resource Link (ADRL) at 1-855-462-5465 or emailing carechoice@nd.gov. Your case manager can also assist you with filing a QSP complaint.

You have the right to an administrative hearing if your state or federally funded home and community based services are denied, terminated or reduced. Notify the Appeals Supervisor, Legal Division, Department of Health and Human Services, 600 E. Boulevard Ave. Dept 325, Bismarck ND 58505-0250, in writing, of your request for hearing. If you need assistance requesting a hearing or submitting a complaint, contact your case manager or the HCBS Supervisor to assist you.

Applicant's Signature (or Legal Representative)	Date
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