SPED PROGRAM POOL DATA

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES/HCBS
SFN 1820 (4-2016)

Clear Fields

Social Security Number

☐ Check Here if Person Lives Alone

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.

Last Name of Eligible SPED Program Applicant (Please Print)

First Name (Please Print)

Birth Month | Birth Day | Birth Year

☐ Sex
1 - Male 2 - Female

ADLs (Point Value: 0, 1, 2, or 3)

☐ Bathe ☐ Dress/ Undress ☐ Eat ☐ Toilet ☐ Continence

☐ Transfer In/Out Bed/Chair ☐ Get Around Inside

AIDLs (Point Value: 0, 1, 2, or 3)

☐ Meal Preparation ☐ Housework ☐ Laundry ☐ Shopping ☐ Taking Medicine

☐ Get Around Outside ☐ Transportation ☐ Money Management ☐ Use Telephone

Cost of Service Estimated Monthly Dollars

Adult Foster Care	☐ Chore Service ☐ ERS (please check)	Family Home Care
Homemaker Service	Other (Identify Service)	Personal Care Service (see below)
Respite Care	Non-Medical Transportation	Adult Day Care

Case Manager	
County Number	Client Participation Fee %

For SPED Personal Cases Only, provide explanation why applicant is not medical assistance eligible and seeking Medicaid State Plan Personal Care Service