APPLICATION FOR SERVICES

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
FISCAL ADMINISTRATION
SFN 1837 (4-2015)

Clear Fields

Client Name	Client ID

By completing this form you are applying for services from the Human Service Center, which is a regional office of the North Dakota Department of Human Services. As an applicant for services you can expect the following:

1. We will respect your right to have the information you provide to us treated confidentially. We will not release personal information about you without your permission, except as permitted or required by law or regulation. Within the Department of Human Services, information about you will be shared only with staff involved in the administration or the provision of services which you receive.

2. There are fees for some services. Fees are assessed on a sliding fee scale based on financial and insurance information which you will be asked to provide. You will be informed in writing of your financial obligation, if any.

3. Applicants shall not be subjected to discrimination, denied the benefit of services or assistance on the basis of race, color, religion, sex, national origin, age, political beliefs, disability or status with respect to marriage or public assistance.

4. The disclosure of your social security number is voluntary and withholding this information will in no way affect your eligibility for services. If you choose to give your social security number, it will be used only for identifying information.

5. If services are denied to you by the Human Service Center, you will be notified in writing of the reasons for the denial. If you wish, we will assist you in referral to other possible resources for service.

I am applying for services at the following Human Service Center (check one)

- ☐ West Central Human Service Center
- ☐ Southeast Human Service Center
- ☐ Northeast Human Service Center
- ☐ North Central Human Service Center
- ☐ Lake Region Human Service Center
- ☐ South Central Human Service Center
- ☐ Northwest Human Service Center
- ☐ Badlands Human Service Center

I agree to provide information as required to assist the Human Service Center in determining eligibility for services and fees.

Client Signature	Date

SERVICES ARE APPLIED FOR ON BEHALF OF THE CLIENT BY THE FOLLOWING

Printed Name	Relationship

Signature	Date