TRANSMITTAL BETWEEN UNITS

ND DEPARTMENT OF HUMAN SERVICES
ECONOMIC ASSISTANCE
SFN 21 (9-2011)

Clear Fields

Complete at time of application if the applicant/client meets the eligibility criteria when change in status occurs.

SECTION I - Client Information

Name:			
Address:	City:	State:	Zip Code:
Medicaid ID Number:	Date of Birth:		
Case Number:	Social Security Number:		
Facility:			
Facility Provider Number:	Date of Admit:		
Date:	Date:		
To:	To:		
From:	From:		

SECTION II - Functional Eligibility

Functional Eligibility for BCAP - Not severely impaired in the ADLs of toileting, transferring and eating; **and** impaired in 3 or 4 IADLs of meal preparation, housework laundry, medication assistance; **or** have a health, welfare, or safety need including requiring supervision or a structured environment.

Is the client severely impaired in toileting, transferring or eating? ☐ Yes ☐ No	Does the client need a supervised/ structured environment? ☐ Yes ☐ No

IADL Scoring (enter the score in the following boxes) (an impairment is a 1 or 2) 0 = without help; 1 = with help; 2 = can't do at all

Meal Preparation:	Housework:	Laundry:	Taking Medication:

☐ Initial Functional Assessment Needed for **BCAP/ExSPED** Eligibility Requirements	Date Due:	Date Completed:	Date Effective:
☐ Annual Functional Assessment Needed for **BCAP/ExSPED** Eligibility Requirements	Date Due:	Date Completed:	Date Effective:
☐ Six Month Functional Reassessment Needed for **BCAP/ExSPED** Eligibility Requirements	Date Due:	Date Completed:	Date Effective:
☐ Client Does Not Meet Functional Eligibility for **BCAP/ExSPED** Eligibility Requirements		Date Completed:	Date Closed/Denied:
Case Manager Signature			
☐ MA Review Needed	Date Due:	Date Completed:	Date Effective:
☐ Does Not Meet Financial/Medicaid Eligibility		Date Completed:	Date Closed/Denied:

Type of Placement: ☐ Temporary ☐ Permanent	Doctor Statement on file verifying client will be able to return home in 6 months ☐ Yes ☐ No
Eligibility Worker Signature	
Pass-Personal Care Services Plan ☐ Yes ☐ No	

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number is mandatory pursuant to North Dakota Century Code 43-50-02. In individual's social security number is used for identification purposes and the national database to determine eligibility for licensure and detect violations of law or regulations. Penalty for the applicant not including the social security number on their application will cause the application to not be processed.