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 (1-2019)

Clear Fields

Client Information

Client Name (Last, First, Middle Initial)		Client 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 clients only)

Liability Percent %	Date of Liability

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

Is client's primary language English?	☐ Yes	☐ No - if no, what language?	
Marital Status			
☐ Married	☐ Divorced	☐ Widowed	
☐ Separated	☐ Never Married	☐ Unknown	
Is client 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 30 days from the Date of Approval shown on the SFN 676. If services are not started during that time, the process for approval must begin over; this approval is no longer valid.

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

* Disclosure of the social security number for SPED is required pursuant to NDAC 75-03-23-15 (7); for Ex-SPED it is required pursuant to NDAC 75-03-24-05. The social security number is requested for the purpose of determining proof of eligibility. Failure to provide the social security number may impact eligibility.

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