SERVICE PAYMENTS FOR ELDERLY AND DISABLED (SPED) INCOME AND ASSETS

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AGING SERVICES/HOME AND COMMUNITY BASED SERVICES (HCBS)
SFN 820 (10-2020)

Clear Fields

CLIENT INFORMATION

Applicant/Client Name (Last, First, MI)		Client Identification Number (ND Number)	
Address	City	State	ZIP Code
Has Insurance ☐ Yes ($ aver/cost/mo) ☐ No		Is Recipient of Medical Assistance (other than QMB/SLMB) ☐ Yes ☐ No	

For the purposes of the Home and Community Based Services, liquid assets includes all of the items listed below. Liquid assets include taxable, tax-exempt, and tax-deferred funds. The value of the liquid assets is based on the most recent statements or current market value. Funds held in any type of joint account are considered an available asset to each co-owner unless you can verify in writing that you do not have recognized authority to direct their disbursement.

ASSETS

A1 Crop in Storage	A2 Cash	A3 Bonds	A3 Mutual Funds	A3 Stocks	A3 Trusts	A4 Retirement Programs	A5 Residence(s) Other than Primary	A6 Other Liquid Assets	**A7 Total Assets**

A8 Has client/applicant transferred or assigned assets for the purpose of making them eligible for SPED services? ☐ Yes ☐ No If yes, please descibe:

ASSET DETAIL

Asset Type	Institution/Organization	Invoice/Statement Date	Statement Amount or Balance

Note: Cash includes: Currency, Checking Accounts, Savings Accounts, Money Market Accounts, and Certificates of Deposits
Bonds include: US Savings Bonds, US Treasury Bonds, Other Bonds
Retirement Programs include: IRA's, Keogh Plans, 401(k), 403 (b), Annuities

Section 1: HOUSEHOLD INCOME SECTION

B1 Wages, Salaries	B3 Veterans Benefits	B4 Social Security, SSI, Disability Income	B5 Dividends, Interest	B6 Estates, Trusts, Net Rentals, Royalties	B7 Pensions, Annuities	B8 Temporary Aid for Needy Families	B9 County General Assistance	* Self Employment Income B12 Monthly	* Self Employment Income B13 Monthly Farm	Combine: B2 Alimony/Child Support; B10 Unemp Comp; B11 Workers Comp; B14 Other

B15 Total Monthly Income

Income Detail

Income Type	Income Source Document	Source Document Date	Document Amount

* Enter adjustable gross taxable family income from most recent IRS Tax Form

Section 2: DEDUCTIONS TO INCOME

C1 Child Support	C2 Medical	C3 Child Care	C4 Alimony	C5 Prescription Drugs

C6 Total Deductions

Deduction Detail

Deduction Type	Deduction Source Document	Source Document Date	Document Amount

C7 Total Adjusted Resources (Income less Deductions)

I hereby certify that the information on this form is true to the best of my knowledge and I authorize any person to provide documentation to verify this information. I understand that if any of the information is willfully withheld, I am no longer eligible for services.

In accordance with NDCC 50-06-2-10(3), the North Dakota Department of Human Services may recoup any overpayments that were a result of concealment, misrepresentation, or fraud.

D2 Applicant/Client Signature:	Date:

FOR OFFICE USE ONLY:

D4 Client Fee %	Case Manager	County	Disqualifying Transfer ☐ Yes ☐ No	D1 Number of individuals in household:

D3 Check Box ☐ As the Case Manager, the income, assets, and deductions of this individual have been identified. If specific details are not noted on this form, the supporting documentation for the entries are in the individual's case file.

For assets $0 through $24,999, use the SPED sliding fee schedule number 1. For assets $25,000 through $50,000, use the SPED sliding fee schedule number 2.