



SUBSTANCE USE DISORDER (SUD) VOUCHER ADULT APPLICATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

BEHAVIORAL HEALTH DIVISION (BHD)

SFN 910 (5-2025)

Thank you for your interest in the applying for the North Dakota Substance Use Disorder (SUD) Voucher program. Our goal is to increase access to quality services for individuals to reach their full potential.

If you get approved for the SUD Voucher program and **don't already have Medicaid**, but it seems like you might qualify, someone who helps with Medicaid will call you to help you apply. If you **already have Medicaid but lose coverage**, you'll need to work with them to reinstate it. To keep getting help from the SUD Voucher program, you must complete the Medicaid application or reinstatement process. If you don't, you won't be able to get help from the SUD Voucher program anymore.

☐ **I agree that if I don't currently have Medicaid but seem eligible, I will apply for it. If I have Medicaid but lose coverage, I will work to reinstate it.**

The following information may be needed to complete this application:

- Medicaid ID (if you have Medicaid)
- Proof of your monthly income (pay stubs, tax return, etc.)
- Details about your income (wages, child support, retirement benefits, etc.)
- Social Security number (optional, but it helps process your application faster)

* The Privacy Act of 1974 (P.L. 93-579, Section 7) requires the following information be provided when individuals are requested to disclose their social security number. Disclosure of your social security number (SSN) is voluntary and it is requested for identification purposes. Failure to disclose SSNs will not affect participation in the program but could possibly delay processing your request.

APPLICANT INFORMATION

1. Name	2. Date of Birth	3. Social Security Number*		
4. Primary Phone Number				
5. Current Living Situation <input type="checkbox"/> Homeless - You do not have regular, fixed housing. You may be staying at friends' houses, aunts/uncles/grandparents, or a shelter. (Go to Question 7) <input type="checkbox"/> Independent - You are financially responsible for things like rent/mortgage payments, utilities, and food. No one else is helping to pay these bills. (Go to Question 6) <input type="checkbox"/> Dependent - You have regular, fixed housing and do not pay more than 50% of the bills for the household, including rent/mortgage, food and utilities. (Go to Question 6)				
6. Current Street Address	Apt. No.	City	State	ZIP Code
7. County of Residence				

APPLICANT DEMOGRAPHICS

1. Gender <input type="checkbox"/> Male (Go to Question 3) <input type="checkbox"/> Female <input type="checkbox"/> Gender Non-Conforming		2. Are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
4. Number of children you have under the age of 18		5. How many live with you?	
6. How many children do you have outside the household that you claim on your taxes (dependent)?			
7. Number of individuals over the age of 18 you claim as dependents			
8. Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other _____ <input type="checkbox"/> Black or African American <input type="checkbox"/> Samoan <input type="checkbox"/> Unknown			

9. Are you an enrolled Tribal member? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Which Tribe are you enrolled in? <table style="width: 100%;"><tr><td><input type="checkbox"/> MHA Nation</td><td><input type="checkbox"/> Standing Rock Sioux Tribe</td></tr><tr><td><input type="checkbox"/> Sisseton-Wahpeton Oyate Tribe</td><td><input type="checkbox"/> Turtle Mountain Band of Chippewa</td></tr><tr><td><input type="checkbox"/> Spirit Lake Nation</td><td><input type="checkbox"/> My Tribe is not on the list</td></tr></table>	<input type="checkbox"/> MHA Nation	<input type="checkbox"/> Standing Rock Sioux Tribe	<input type="checkbox"/> Sisseton-Wahpeton Oyate Tribe	<input type="checkbox"/> Turtle Mountain Band of Chippewa	<input type="checkbox"/> Spirit Lake Nation	<input type="checkbox"/> My Tribe is not on the list		
<input type="checkbox"/> MHA Nation	<input type="checkbox"/> Standing Rock Sioux Tribe								
<input type="checkbox"/> Sisseton-Wahpeton Oyate Tribe	<input type="checkbox"/> Turtle Mountain Band of Chippewa								
<input type="checkbox"/> Spirit Lake Nation	<input type="checkbox"/> My Tribe is not on the list								
11. Veteran's Status <input type="checkbox"/> I am a veteran or active member <input type="checkbox"/> I am not a veteran or active member									
12. Highest Level of Education Completed <table style="width: 100%;"><tr><td><input type="checkbox"/> Some Middle School</td><td><input type="checkbox"/> High School Diploma/GED</td><td><input type="checkbox"/> Associate (2 year) Degree</td><td><input type="checkbox"/> Masters Degree or Higher</td></tr><tr><td><input type="checkbox"/> Some High School</td><td><input type="checkbox"/> Certificate/Diploma (0.5-1 year degree)</td><td><input type="checkbox"/> Bachelor (4 year) Degree</td><td></td></tr></table>		<input type="checkbox"/> Some Middle School	<input type="checkbox"/> High School Diploma/GED	<input type="checkbox"/> Associate (2 year) Degree	<input type="checkbox"/> Masters Degree or Higher	<input type="checkbox"/> Some High School	<input type="checkbox"/> Certificate/Diploma (0.5-1 year degree)	<input type="checkbox"/> Bachelor (4 year) Degree	
<input type="checkbox"/> Some Middle School	<input type="checkbox"/> High School Diploma/GED	<input type="checkbox"/> Associate (2 year) Degree	<input type="checkbox"/> Masters Degree or Higher						
<input type="checkbox"/> Some High School	<input type="checkbox"/> Certificate/Diploma (0.5-1 year degree)	<input type="checkbox"/> Bachelor (4 year) Degree							

APPLICANT HISTORY

1. How did you learn about the SUD Voucher Program? <table style="width: 100%;"><tr><td><input type="checkbox"/> Friend/Family Member</td><td><input type="checkbox"/> Treatment Agency</td><td><input type="checkbox"/> Another SUD Voucher Participant</td><td><input type="checkbox"/> Legal Entity</td></tr><tr><td><input type="checkbox"/> Website</td><td><input type="checkbox"/> Employer</td><td><input type="checkbox"/> Peer Support Specialist/Care Coordinator</td><td><input type="checkbox"/> First Link/211</td></tr></table>				<input type="checkbox"/> Friend/Family Member	<input type="checkbox"/> Treatment Agency	<input type="checkbox"/> Another SUD Voucher Participant	<input type="checkbox"/> Legal Entity	<input type="checkbox"/> Website	<input type="checkbox"/> Employer	<input type="checkbox"/> Peer Support Specialist/Care Coordinator	<input type="checkbox"/> First Link/211
<input type="checkbox"/> Friend/Family Member	<input type="checkbox"/> Treatment Agency	<input type="checkbox"/> Another SUD Voucher Participant	<input type="checkbox"/> Legal Entity								
<input type="checkbox"/> Website	<input type="checkbox"/> Employer	<input type="checkbox"/> Peer Support Specialist/Care Coordinator	<input type="checkbox"/> First Link/211								
2. Have you received substance use disorder treatment in the past? <input type="checkbox"/> Yes (Go to Question 3) <input type="checkbox"/> No (Go to Question 4)		3. How many times?									
4. Have you engaged in intravenous (IV) drug use in the past? <input type="checkbox"/> Yes (Go to Question 5) <input type="checkbox"/> No (Go to Question 6)		5. Have you done so in the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No									
6. Are you currently on probation or parole? <input type="checkbox"/> Yes (Go to Question 7) <input type="checkbox"/> No (Go to next section)											
7. Parole/Probation Officer Name		8. Parole/Probation Officer Phone Number									

APPLICANT HEALTHCARE COVERAGE

1. Do you have healthcare coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Question 9)							
2. Provider <table style="width: 100%;"><tr><td><input type="checkbox"/> Blue Cross Blue Shield</td><td><input type="checkbox"/> Medicaid Expansion</td><td><input type="checkbox"/> Sanford Health</td></tr><tr><td><input type="checkbox"/> Medicaid</td><td><input type="checkbox"/> Medicare</td><td><input type="checkbox"/> Other (specify): _____</td></tr></table>		<input type="checkbox"/> Blue Cross Blue Shield	<input type="checkbox"/> Medicaid Expansion	<input type="checkbox"/> Sanford Health	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> Blue Cross Blue Shield	<input type="checkbox"/> Medicaid Expansion	<input type="checkbox"/> Sanford Health					
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Other (specify): _____					
3. Policy Number	4. Deductible						
5. Policyholder Name	6. Policy Provider Phone Number						
7. Policy Effective Date	8. Policy End Date (Go to next section)						
9. Tell us about your current healthcare coverage situation 							

INCOME

1. Household Size													
2. Are you currently employed? <table style="width: 100%;"><tr><td rowspan="2"><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td colspan="2">Place of Employment</td></tr><tr><td>Date of Last Employment</td><td>Income in Last 30 Days</td></tr></table>		<input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment		Date of Last Employment	Income in Last 30 Days	3. Is your spouse currently employed? <table style="width: 100%;"><tr><td rowspan="2"><input type="checkbox"/> Yes <input type="checkbox"/> No</td><td colspan="2">Place of Employment</td></tr><tr><td>Date of Last Employment</td><td>Income in Last 30 Days</td></tr></table>		<input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment		Date of Last Employment	Income in Last 30 Days
<input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment												
	Date of Last Employment	Income in Last 30 Days											
<input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment												
	Date of Last Employment	Income in Last 30 Days											
4. Annual Household Income (include money received from wages, self-employment wages, child support, social security benefits, and other retirement benefits)													

Attach proof of income with application. Documents or photos of pay stubs, wages, tax return, child support, retirement, etc.

EXPENSES

Skip this section if you are on Medicaid or Medicaid Expansion.

List all monthly expenses for your household.

Expense Type	Expense Amount
Example: Rent	\$1,200.00

CONTACT PREFERENCE

What is your preferred method for contact?

☐ Email

Email Address

☐ Mail to my address listed previously

☐ Mail to address below:

Current Street Address

Apt. No.

City

State

ZIP Code

TREATMENT PROVIDER

Are you already working with a treatment provider?

☐ No ☐ Yes

If Yes, Specify Your Primary Treatment Provider

If working with more than one treatment provider, list additional providers

SIGNATURE

☐ By checking this box I agree to provide additional information that may be requested by the SUD Voucher Administrative Team. I will provide this information within two weeks. If I do not provide the information, I acknowledge that my application will be removed from processing.

Applicant Signature

Date

Mail application to:

Department of Health and Human Services
Behavioral Health Division
Attn: SUD Voucher
600 E Boulevard Ave. - Dept 325
Bismarck, ND 58505-0250

OR FAX application to: 701-328-8979

Questions can be emailed to: sudvoucher@nd.gov