COMMUNITY-BASED BEHAVIORAL HEALTH PROGRAM PARTICIPANT ELIGIBILITY

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION
SFN 999 (2-2021)

The Community-Based Behavioral Health Program was created in November 2020 to assist eligible participants in accessing quality community-based addiction treatment services.

SECTION 1: PARTICIPANT INFORMATION

Applicant Name (First, Middle, Last)	Date of Birth	Social Security Number*	
Address	City	State	ZIP Code
Telephone Number	Email Address		

*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.

SECTION 2: HEALTHCARE COVERAGE

Currently have Healthcare Coverage
☐ Yes-Answer Healthcare/Insurance questions below: ☐ No-Continue to Section 3: Participant Demographics

Healthcare/Insurance Provider (check one)
☐ Sanford Health Medicaid Expansion ☐ Medicaid
☐ Sanford Health Non-Medicaid Expansion ☐ Medicare
☐ Blue Cross/Blue Shield of ND ☐ Other (specify): ____________________

Healthcare Provider Telephone Number

Policyholder Name	Policyholder Number

SECTION 3: PARTICIPANT DEMOGRAPHICS

Gender
☐ Male ☐ Female ☐ Non-Conforming

If female, are you pregnant?
☐ Yes ☐ No

Marital Status
☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Living Environment
☐ Homeless ☐ Independent ☐ Dependent

Number of Children Under Age 18

Employment
☐ Full-Time ☐ Part-Time ☐ Unemployed ☐ Receive SSDI

Yearly Income

Race
☐ American Indian ☐ Black or African American ☐ Hispanic or Latino ☐ Asian ☐ White or Caucasian

Enrolled Tribal Member
☐ Yes-Specify Tribe: ☐ No
☐ Three Affiliated Tribes ☐ Spirit Lake Nation ☐ Standing Rock Sioux ☐ Turtle Mountain Chippewa
☐ Sisseton - Wahpeton Oyate ☐ Other

Served in Military
☐ Yes
☐ No

Highest Level of Education
☐ Some High School ☐ GED or High School Diploma ☐ Some College
☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree or Higher

SECTION 4: INDIVIDUAL HISTORY

SUD Voucher Participant	Received Substance Use Disorder Treatment Services in the Past	
☐ Past ☐ Present ☐ Never Used	☐ Yes-Number of times treatment was received in past: ☐ No	
Engaged in IV Drug Use in the Past ☐ Yes ☐ No	Currently on Probation or Parole ☐ Yes ☐ No	Pending Legal issues ☐ Yes ☐ No

SECTION 5: PARTICIPANT SIGNATURE

I attest, subject to the penalties of perjury that I am the individual completing this application and that I have provided accurate information.

Signature	Date

SECTION 6: PROVIDER SECTION

Provider Name	Provider SUD Voucher Number
Is participant deemed eligible based on eligibility criteria outlined in the Community-Based Behavioral Health Provider Guidance? ☐ Yes ☐ No	
If yes, how is participant deemed eligible (check one)? ☐ Under 200% Poverty ☐ Deductible Financial Barrier - Specify Deductible Amount: ☐ Expenses Exceed Income (if checked, must include supporting documentation with application)	

I attest, the information in Section 6 is accurate subject to the penalties of repayment of services by provider to the Community-Based Behavioral Health Program.

Signature	Printed Name	Date

OR

FAX Application to: 701-328-8979

Or

Mail to:

North Dakota Department of Human Services
Behavioral Health Division
Attn: CBH Program
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250