Applicant's Name (Last, First)	Date
Agency	County of Residence
I apply for services to assist me with	
FOR YOUR INFORMATION (Planes read before significant below)	

FOR YOUR INFORMATION (Please read before signing below)

Case Management is a service that assists individuals in learning about, applying for, accessing and maintaining home and community based services in the most integrated setting appropriate to their needs. Eligibility and fees for State and Federally funded home and community based services are based on physical need and financial eligibility requirements. If you are found ineligible you may obtain a second opinion from a neutral healthcare professional about whether you could receive community based services and if so, what community based services are necessary. The second opinion must be provided to the Department of Human Services. The evaluation will be considered and if you are found eligible it will be included in your Person-Centered Plan of Care.

We respect your right to receive prompt, professional service, to be involved in developing the person-centered plan of care and service goals, and to have records about you kept confidential. Home and community based service providers will not release any personal information about you (either verbal or written) without your permission except to do so by law or regulation or in the administration of the program. Within the Department of Human Services, information about you will be shared only with staff who are involved in the administration or provision of services which you receive.

You cannot be discriminated against in any manner related to the receipt of any service, financial aid, or other benefit under the Department of Human Services or any programs administered by the Department of Human Services on the grounds of race, color, national origin, sex, or nature of handicap.

In the event you feel dissatisfied with the home and community based service provided to you, you are encouraged to call this to the attention of the person providing services to you and your case manager. If still dissatisfied, you may have a review by the Director or designee of Aging Services. You may also file a Qualified Service Provider (QSP) complaint by contacting the Aging and Disability Resource Link (ADRL) at 1-855-462-5465 or emailing carechoice@nd.gov. Your case manager can also assist you with filing a QSP complaint.

You have the right to an administrative hearing if your state or federally funded home and community based services are denied, terminated or reduced. Notify the Appeals Supervisor, Department of Human Services, 600 East Boulevard Ave Dept. 325, Bismarck, ND 58505, in writing, of your request for hearing. If you need assistance requesting a hearing or submitting a complaint, contact your case manager or the HCBS Supervisor to assist you.

Applicant's Signature (or Legal Representative)	Date
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