FINANCIAL ELIGIBILITY (Calendar Year 2026)

Instructions
Please read and complete all questions on this form. This information will be used to determine your eligibility for services funded by the Division of Behavioral Health.

Behavioral Health Provider Use Only	
☐ **Eligible** – Annual Review Date:	
☐ **Ineligible**	BH Provider:
CID #:	Signature:

Personal Information *(Please Print)*

Client Name: _____
(First) *(MI)* *(Last)*

Parent/Guardian or Representative (if applicable): _____

☐ Yes ☐ No I (SED or SUD client) have applied for and been denied Medicaid and CHIP-NM.
☐ Yes ☐ No I (SMI client) have applied for and been denied SSI.

Description of Household

Total Number of Persons Living in Household (dependent on household income): _____

Financial Information

Annual Gross Income: All sources of earned and unearned income for the household members included above. Do not include any income earned from a child under the age of 18 or any dependent attending school.

1) Earned Income *(i.e. wages)* $_____

2) Unearned Income *(i.e. child support, TANF, SSDI)* $_____

Minus Annual Deductions/Expenses:

3) $_____ Earned Income Deduction *(Deduct 20% of Earned Income. Do not deduct 20% from unearned income.)*

4) $_____ Childcare Expenses *(up to $6,000/year)*

5) $ _____ Child Support Payments

6) $_____ Annual out of pocket prescription medication costs and lab work.

7) $_____ Annual health insurance premiums.

8) $_____ Assistive devices purchased within the last 12 months.

*(describe)*_____

Annual Net Income:

9) $_____ *(deduct lines 3 through 8 from line 1 and 2)*

Household Size	Annual Income
1	$29,526
2	$40,034
3	$50,542
4	$61,050
5	$71,558
6	$82,066
7	$92,574
8	$103,082
9	$113,590
10	$124,098

I hereby attest that this information is true and correct. I understand that any false statements that I make and any failure on my part to report changes in circumstance which affect my eligibility could result in my being responsible for reimbursement of services provided and/or ineligibility for services. I understand that if I am determined eligible and my situation should change before my annual review date, it is my responsibility to notify the Behavioral Health Provider so that eligibility can be reevaluated. Eligibility could be affected by increases in income, changes in the number of persons in the household, and/or any other significant change in financial circumstance.

_____
Signature (Client or Parent/Guardian) Date

Eligible Clients

- Individuals found eligible for services funded by the Division of Behavioral Health are required to immediately report any significant changes in income, household composition, and/or other circumstance that affect their eligibility status.
- Eligible clients/families are required to complete an annual review of eligibility. The Behavioral Health Provider will inform clients of the date of the review.

Ineligible Clients

- All individuals initially found ineligible for services funded by the Division of Behavioral Health will have the option of completing the Hardship Consideration process. This form must be completed and turned in (with necessary verifications) to the Division of Behavioral Heath within 60 days of the initial ineligibility determination. Failure to do so will result in the client/parent or guardian waiving his/her right to apply for the Hardship Consideration.
- Clients or parents/guardians who do not wish to proceed with the Hardship Consideration process must sign a Refusal of Hardship Consideration Process form, which will be provided by the Behavioral Health Provider. This refusal waives the right for all appeals.
- A client or parent/guardian who is interested in the Hardship Consideration process should contact the Behavioral Health Provider for a Hardship Consideration form and assistance in completing the process. Once completed this form should be returned to the Behavioral Health Provider. The Behavioral Health Provider will submit all appropriate documentation and forms to the Division of Behavioral Health.
- Within 30 days of receiving the Hardship Consideration forms, the Division of Behavioral Health shall provide a determination regarding eligibility.
- A client or parent/guardian who is dissatisfied with the Division of Behavioral Health's decision regarding eligibility may request an Administrative Review (see process outlined below).

Administrative Review/Fair Hearing Process

- All individuals found ineligible for services funded by the Division of Behavioral Health, after the Hardship Consideration process, will be informed of their right to an Administrative Review and, if still dissatisfied, a Fair Hearing, including the manner to initiate the review.
- A client or parent/guardian may appeal the decision regarding ineligibility by submitting the request in writing to the Division of Behavioral Health within 30 days of receipt of the notice regarding ineligibility.
- Clients may have mental health visits paid for by the Division of Behavioral Health within the first 30 days in which their eligibility is being determined. However, if eligibility has not been determined after the first 30 days, then the client or parent/guardian is responsible for payment of services.
- The Division of Behavioral Health shall provide a determination within 30 days of receipt of the request for review.
- A client or parent/guardian who is dissatisfied with the Division's determination regarding eligibility may request a Fair Hearing by notifying the Department of Social Services in writing within 30 days of receipt of the Division's decision.
- An impartial hearing officer will be sought to handle all arrangements and correspondence with the client and the Department of Social Services, including the date and location for the hearing. The hearing officer will send notice of the hearing to both parties.
- The client may be represented at his/her own expense by counsel or other appropriate advocate(s) and will be afforded the opportunity to examine all witnesses and other sources of information or evidence.
- The client or his/her representative may present additional evidence, information, and witnesses to the impartial hearing officer.
- Within 45 days of the hearing, the impartial hearing officer will provide a full written report of findings to the client (or designee if appropriate) and the Department of Social Services.
- The hearing officer's decision will be final.

For more information about this process you may contact: Department of Social Services, Division of Behavioral Health, 3900 W. Technology Circle, Suite 1, Sioux Falls, SD 57106, 605-367-5236 or DSSHardships@state.sd.us.

Non-Discrimination Statement

The Department of Social Services does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of actual or perceived race, color, religion, national origin, sex, age, or disability in admission or access to, or treatment or employment in its programs, activities, or services. For more information about this policy or to file a Discrimination Complaint you may contact: Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governor's Drive, Pierre, SD 57501, 605-773-3305.

Español (Spanish) - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-305-9673 (TTY: 711).

Deutsch (German) - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-305-9673 (TTY: 711).