



NOTIFICATION OF HOME AND COMMUNITY BASED SERVICES (HCBS)

SCREENING - CHILDREN WAIVERS

DEPARTMENT OF HEALTH AND HUMAN SERVICES

MEDICAL SERVICES DIVISION

SFN 748 (2-2025)

This form will be completed by the Children's Waiver Specialist to provide notification to the Human Service Zone that a client under the age of 18 may be screened* for 1915c children's waiver. This notice will be submitted to the Info HHS Apply for Help email: applyforhelp@nd.gov to be attached to application once completed.

Date	Receiving Human Service Zone Office	
Client Name		Date of Birth
Waiver Eligible For With Start Date <input type="checkbox"/> Medically Fragile Waiver <input type="checkbox"/> Children's Hospice Waiver <input type="checkbox"/> Autism Waiver		Approval Date
Children's Waiver Specialist		
Children's Waiver Specialist Email Address		Telephone Number

* HCBS waiver screening is based on eligibility for one of the Medicaid 1915c Children's Waivers determined by completion of Level of Care by the Children's Waiver Specialist and eligibility for Medicaid determined by the Human Service Zone Office.