

Comprehensive Chemical Dependency Assessment and Funding

If you have a Managed Care plan through Medical Assistance (such as Blue Plus or UCare), please contact your Health Insurance Provider on the back of the card for coverage information. **If you are pregnant or using drugs intravenously, please continue the application regardless of health insurance.**

DEFINITION

Comprehensive Assessment: When a person is seeking chemical dependency treatment and needs public funding to pay for the treatment, they can request a chemical use assessment. The assessor gathers information from the client, concerned others, and applies the rules to determine the need for treatment and what level of treatment would be best. The assessment process and decision criteria are governed by Rule 25 (Minnesota Rules, parts 9530.6600 through 9530.6655).

PROCESS

Step 1: Application

An application for a Comprehensive Assessment or funding for Chemical Dependency Treatment must be completed and can be turned in by:

- **Mail to the St. Peter office, listed below**
- **In person to either office:**

Health and Human Services Building	North Mankato Office
622 South Front St	2070 Howard Dr West
St. Peter, MN 56082	North Mankato, MN 56003
- **Or Fax to:** 507-934-8552

Step 2: Eligibility Determination

Your application will be reviewed to determine eligibility based on:

- Income:** Provide your two most recent paystubs
- Insurance coverage:** Provide a copy of your Health Insurance Card
- Location/Where you live:** Provide a copy of Photo ID and proof of residency; i.e. a bill with your name and current address

Applications will not be processed until all information is provided.

If you wish to proceed in applying a for Comprehensive Assessment or Chemical Dependency funding, please complete the attached application and provide all requested verifications. If applying for funding alone, please include your completed Comprehensive Assessment.

- If determined **not eligible**, you will be contacted by letter or phone.
- If determined **eligible**, you will be contacted by letter or phone to arrange an appointment time.

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Vision Statement
Setting the standard for providing superior and efficient county government services through leadership, accountability and innovation to a growing and diverse society.

622 South Front Street
St Peter MN 56082-2106
Telephone: (507) 934-8559
Fax: (507) 934-8552

2070 Howard Drive W
N Mankato MN 56003-1518
Telephone: (507) 387-4556
Fax: (507) 934-8552

Mission Statement
Providing efficient services with innovation and accountability.

An Equal Opportunity/Affirmative Action Employer
This Institution is an Equal Opportunity Provider

Leadership. Efficiency. Accountability. Innovation. Integrity.

Application for Comprehensive Chemical Dependency Assessment and Funding

Name: _____

Today's Date: _____

Date of Birth: _____

Social Security Number: _____

Are you a Nicollet County resident: Yes No

(Attach a copy of your photo ID and documentation proving residence, such as a bill with your name and current address)

Physical Address: _____

(Include city and state. If you are currently without a home, provide the address where you stayed)

Phone Number: _____

(If you do not have one, write 'None' or share another person's name and contact number)

Who do you live with? _____

(Parents, spouse, biological children; please do not include unmarried partners and their children.)

Race: (Check all that apply)

Caucasian

Pacific Islander

American Indian/Alaskan Native

African American

Asian

Other

Are you pregnant? Yes No

Are you an IV user? Yes No

Marital Status:

Never Married

Married

Divorced

Legally Separated

Are you a veteran? Yes No

Why are you requesting Chemical Dependency Services? (Check all that apply)

Probation Referral from Nicollet County Pre-Sentence Investigation

Funding for Treatment (CCDTF)

Comprehensive Assessment

Drug Court Referral

Have you had a previous chemical use assessment? Yes No

If yes, when: _____

Where: _____

Are you currently in treatment? Yes No

If yes, program: _____

Are you currently in jail? Yes No

Are you currently on probation? Yes No

(If yes: Please complete and sign attached release)

Have you recently been working with a social worker from this county or any other county?
(E.g. Child Protection, Adult Mental Health, Children's Mental Health, Chemical Dependency, or Public Health.)

Yes No

If yes, Date of Last Service: _____ County: _____

Insurance Information:

Do you have Insurance? Yes No

If yes, please check all that apply:

Medical Assistance Medicare

Private Insurance Name of Insurance: _____

(Through an employer, spouse or family member)

Please provide a copy of your insurance card. If you have a county pre-paid medical assistance plan, call the number on the back of the insurance card to find a provider.

Income:

Please attach your two most recent proofs of income (e.g. paystubs)

Do you or your spouse receive income? Yes No

Please share monthly income below, based on **REGULAR** payments from the following sources:

\$ _____	Gross Income earned from employment	
\$ _____	Spouse's Gross Income earned from employment	
\$ _____	Cash from self-employment (net after allowable IRS deductions)	
\$ _____	Social Security Benefits	\$ _____ Income from rental property
\$ _____	Railroad Retirement	\$ _____ Pension
\$ _____	Unemployment	\$ _____ Insurance
\$ _____	General Assistance	\$ _____ Alimony (when it's received)
\$ _____	Union Funds	\$ _____ Child Support (when it's received)
\$ _____	Veterans' Benefits	
		Total of all income: \$ _____

Do you pay child support? Yes No (If yes, please include proof of payment)

By submitting this form, I certify this information to be accurate to the best of my knowledge and ability. Providing false information will result in application rejection and can lead to possible fraud investigation. I also understand that third parties may share information about me with persons investigating fraud and completing federal or state audits. This may include, but is not limited to: employers and schools, landlords and utility companies, financial and insurance agencies, and other government offices.

Signature: _____

Date: _____