



Chemical Health Services
Phone: 507-328-6558 Fax: 507-328-6702
abhi@co.olmsted.mn.us

Rule 25 Eligibility Application

(must be completed in full before Olmsted County can process your application)

Name: _____

DOB: _____ SSN#: _____

Are you an Olmsted County Resident? [] Yes [] No

Address: _____

Phone #: _____ Cell #: _____ Gender: [] F [] M

Race: [] Hispanic [] Caucasian [] Black or African American
[] American Indian/Alaskan Native [] Asian [] Pacific Islander

Marital status (check one): [] Single [] Married [] Separated [] Widowed [] Divorced

Household Size - Who do you live with? (e.g. parents, spouse, biological children; please do not include unmarried partners or their children): _____

Have you served in the military: [] Yes [] No VA Healthcare: [] Yes [] No

Are you pregnant: [] Yes [] No

Have you had a previous Chemical Health Assessment/Rule 25 within the past 6 months? [] Yes [] No

Are you currently in treatment? [] Yes [] No - If Yes, where? _____

Drug of choice: _____ IV: [] Yes [] No

Are you currently in jail or prison? [] Yes [] No

In what City did you sleep the night before incarceration? _____

What is your expected release date? _____

Insurance

Do you have Medical Assistance (MA) or Minnesota Care? [] No [] Yes - MA# _____

Do you have private insurance or HMO Coverage (Medica, UCare, etc.)? [] No [] Yes
(If yes, please provide your insurance card.) Copy of card front & back? [] No [] Yes



INCOME (please provide last two most recent proofs of income, ex: paystubs or anticipated income)

- 1) Do you **and/or** your spouse receive income? How much/how often? _____
- 2) Employment (hourly, salary, or by the day) _____
- 3) Tips _____
- 4) Commission _____
- 5) General Assistance (GA) _____
- 6) SSI, Social Security, or Disability _____
- 7) Child Support (received) _____
- 8) Other Income _____
- 9) Total from above: _____
- 10) Child Support (paid) _____
- 11) Unemployment Income _____
- 12) **Total Income** (income received minus child support paid) _____

How would you like to receive notice of your eligibility for a chemical health Rule 25 Assessment?

Phone # _____ May we leave a voice message at this number? Yes No

Email address: _____

By checking the box(es) and providing us with the contact information above, you are authorizing us to contact you with private information via any of the ways you have authorized.

Client Signature _____ Date _____

(Please note if you are approved for a Rule 25 Chemical Health Assessment, you will be contacted with an authorization number. Authorization will be good for 10 days. Olmsted County reserves the right to terminate treatment immediately if any of the above information is found to be fraudulent.)

For Office Use Only	
Met with Navigator <input type="checkbox"/> Yes <input type="checkbox"/> No	Status of Application _____
Case # _____	
Documents Needed _____	
Follow-up Needed _____	