

SERVICE FEE DETERMINATION (SFD) APPLICATION

The service(s) that you or a family member receives through Olmsted County Community Services has a fee for service charge. The fee is determined on a sliding scale fee based on the household income and family size. This determination is good for a year unless your financial situation changes significantly within the year. Please let us know if you are currently on a Public Assistance cash program as this may qualify you for a zero fee status. With your permission, we would verify your participation and then you would not have to complete the SFD application.

In order to determine your fee, we need you to do the following actions. If you have any questions, please call 328-6461.

1. Provide the information requested in the application form.
2. Include a copy of your **most recent Federal income tax return** or a copy of your **Statement of Earnings/Benefits** from the Social Security Administration office by calling **1-800-772-1213** or registering for a my Social Security account at www.socialsecurity.gov/myaccount if you do not file an income tax return or only receive benefits from social security.
3. Provide a copy of both sides of your health insurance card.
4. Sign and date the application.
5. Mail the application to address noted at the top of the application form.

Name and Social Security Number of Client _____

Name and Social Security Number of Responsible Party _____

Address _____
Street City State Zip Code Telephone Number

Monthly **Child Support** amount **paid or received (circle one)** on behalf of client \$ _____

List of Family Members Living At the Above Address

Name Relationship to Client Birth Date _____

Name Relationship to Client Birth Date _____

Name Relationship to Client Birth Date _____

Name Relationship to Client Birth Date _____

SIGNATURE(S)

1. I declare to the best of my knowledge, that the information I provided in this form is true and accurate.
2. I hereby authorize my health provider to provide appropriate medical information regarding the named client to Olmsted County for the purpose of billing and filing insurance claims. I further authorize Olmsted County and/or the health provider to contact my insurance carrier(s) to obtain financial information concerning coverage and payments. I direct the insurance carrier(s) to release such information to Olmsted County and/or health provider.
3. I authorize and request my insurance company to pay Olmsted County and/or health provider directly any benefits due under the terms of this policy for services provided. If my insurance carrier will not allow direct payment to Olmsted County and/or health provider, I will forward all insurance payments to Olmsted County and /or health provider. I understand that failure to forward Olmsted County/health provider will result in collection/legal action.
4. I have had the opportunity to read and ask questions regarding the **Your Privacy Rights** document that is located on the back side of this application form.

Client Signature (Parent if client is a minor) _____ **Date** _____

Client Signature (Parent if client is a minor) _____ **Date** _____

YOUR PRIVACY RIGHTS

This sheet tells you about your rights under the Minnesota Government Data Practices Act. The Act protects your privacy, but also lets us give information about you to others if a law requires it and we tell you before we do it. This sheet tells why and when we ask for and give information about you. It applies to all future contacts you have with this agency. The contacts may be made in person, by mail or on the telephone.

Why do we ask for this information?

We may ask you for information so we can:

- Collect money from the state or federal government for the services we provide for you.
- **Decide if you can pay for any of the services you are provided and collect on any balance due.**
- Decide about out-of-home care for you or your children.
- Collect money from other agencies and insurance companies if they are required to pay for you or your child's care.

Do you have to answer the questions we ask?

Generally, the law does not say you have to give us this information. Federal laws require you give us your social security number if you need financial help.

What will happen if you do not answer the questions we ask?

We need information about you in order to qualify you for financial assistance with any program. Without the requested information, we may not be able to qualify you or it may be too late. **Service Fee Determination Application cannot be processed without requested information.**

Who may we share this information with and why?

We may give the information about you to appropriate agencies if they need it for investigative purposes or to help you. This does not mean that we always share information about you with these agencies. It only says that there is a law that says we may share this information with these agencies at times. If you have questions about when we give out this information, please check with our agency.

You have the right to see information we have about you.

- You may ask if we have information about you.
- If we have information about you, you may ask to see it or ask for copies. You may have to pay for copies.
- You may give other people permission to see and have copies of private data about you.
- If the information is unclear, you may ask to have it explained to you.

How do you appeal if you think the information is not accurate or complete?

- Your objection must be in writing and sent to the Director of Community Services. You must tell why the information is not accurate or complete. You may send your own explanation of the facts you disagree with. Your explanation will be attached anytime the information is requested or shared with another agency. For more information contact your agency.
- If you disagree with our answers to your objection, you can appeal to the Department of Administration. Check with your agency on how to do this.

What privacy rights do children have?

If you are under eighteen years old, parents may see data about you and authorize others to see this data unless you have asked this information not be shared with your parents. You must make this request in writing and say what data you want withheld and why. If the agency agrees with you that not sharing this information would be in your best interests, we will not share it with your parents. If we do not agree with you, the data may be shared with your parents if they ask for it. If you have any questions about the information on this form, ask your worker to assist you.