

# South Dakota Indigent Medication Program

## Update-Extension Request Form

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Applications will be processed within 5 business days after completed application is received. **The entire application must be completed.** Please complete electronically or print clearly.

**Date:** \_\_\_\_\_

### Request:

\_\_\_ Update

\_\_\_ 1<sup>st</sup> Extension

\_\_\_ 2<sup>nd</sup> Extension

\_\_\_ 3<sup>rd</sup> Extension

\*\*If there continues to be a need after the 3<sup>rd</sup> extension, contact the Division of Behavioral Health at (605) 367-5236.

### Assistance Information:

Name (person assisting the client with the completion of this form): \_\_\_\_\_

Agency Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Application Information:

Applicant Name: \_\_\_\_\_

DOB: \_\_\_\_\_

### Employment:

Are you currently employed? Yes \_\_\_ No \_\_\_

If no, are you actively seeking employment? Yes \_\_\_ No \_\_\_

If no, why? \_\_\_\_\_

### Insurance:

SSI/SSDI Application Status:

\_\_\_ Applied/Pending

- \_\_\_ Denied
- \_\_\_ Appealed
- \_\_\_ Have not applied yet
- \_\_\_ Approved. Effective Date: \_\_\_\_\_

Do you currently have any insurance plan that pays for prescription drugs including Medicaid? Yes \_\_\_ No \_\_\_

Do you have Medicare Benefits?

- \_\_\_ Part A (Hospital Insurance)
- \_\_\_ Part B (Medical Insurance)
- \_\_\_ Part D (Prescription Drug Coverage)

Have you applied for Medicare Part D insurance for your prescriptions? Yes \_\_\_ No \_\_\_

If yes, what plan are you on? \_\_\_\_\_

If no, why not? \_\_\_\_\_

### Financial Information:

Has your annual household income changed since being in this program? Yes \_\_\_ No \_\_\_

If yes, please complete the following:

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

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)

**Alternative Funding Options (required):** Check all options you are pursuing.

Prescription Assistance

Insurance/Medicaid

Self-Pay/Budgeting

Medication Samples

None – Why not? \_\_\_\_\_

**Participating Pharmacy:** Yes  No

Pharmacy: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax (if known): \_\_\_\_\_

Medication	Dosage	Quantity Per Month	Reason for Extension	Co-Pay Amount

**Participating Laboratory Services:** Yes  No

Lab Center: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax (if known): \_\_\_\_\_

Lab Test	Reason for Extension


**Return To:**

Division of Behavioral Health  
3900 W Technology Circle, Suite 1  
Sioux Falls, SD 57501

Phone: (605) 367-5236  
Fax: (605) 367-5239  
Email: [DSSBHINDMED@state.sd.us](mailto:DSSBHINDMED@state.sd.us)

\*Please allow up to 5 business days for this application to be processed. \*

**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, gender identity, sexual orientation 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).