Indigent Medication Update/Extension Form

Referral for Continued Temporary Assistance through the S.D. Indigent Medication Program

*The Department of Social Services, Division of Behavioral Health will use this information to determine eligibility for continued **temporary** coverage of psychotropic medication, medication assistance for the treatment of substance use disorders and /or maintenance treatment, and/or related laboratory work.*

Entire application must be completed. Please print clearly.

Current Date: _____ Date of Original Application (if known):_____

_____Update_____1st Extension_____2nd or more (must be staffed with Division prior to reauthorization)

Client Name: _____DOB:_____

Person assisting with this form & email address:_____

Agency Name: _____

Income & Insurance

Are you currently employed? Yes_____ No_____ Volunteer work _____ Hrs/week _____

If "No" are you actively seeking employment? Yes_____ No_____ If "No", why not? _____

Yearly Household Income, including SSI/SSDI: _____

SSI/SSDI Application Status: Applied/Pending_____ Denied_____Appealed_____ Have not applied yet_____

Approved _____Effective Date _____

Do you currently have any insurance plan or Medicaid that pays for prescription drugs? Yes_____ No _____

Do you have Medicare Benefits? **Part A** Yes __No__ **Part B** Yes__ No__ **Part D** Yes __ No__

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

Are you currently pursuing alternate funding options? (Required for continued assistance)

Prescription Assistance_____ Insurance/Medicaid_____ Self-Pay/Budgeting_____ Samples_____

Medication/ Lab Requested	Milligrams	Quantity	Update/ Extension	Reason for Extension

Pharmacy/Healthcare Center where lab work is to be done:

Name: _____

Address: _____City/State/Zip: _____

Return forms to:

Division of Behavioral Health
3900 W. Technology Circle, STE 1
Sioux Falls, SD 57106

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

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).