Fillable Form Instructions

- 1. Click on the form.
- 2. Click "continue"



7. Click "Submit"

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	I hereby attest that this report changes in circu and/or ineligibility for se date, it is my responsib increases in income, cl	information is true and co mstance which affect my e ervices. I understand that illity to notify the Behaviora nanges in the number of pe	rrect. I understand that any eligibility could result in my t if I am determined eligible a al Health Provider so that eli ersons in the household, an	r false statements that being responsible for r and my situation shoul igibility can be reevalu d/or any other signific	I make and any failure eimbursement of servi d change before my a lated. Eligibility could ant change in financia	e on my part to ces provided nnual review be affected by circumstance.	
	Client or	Jane Smith			02/20/20/	22	
	Parent/Guardian	Jane Smith (Feb 28, 2023)		Date:	02/20/202		
	Financial Eligibility	101 FORM	-1-				
	By for electr	m filling, I agree to this agreemen onically with State of South Dako	it, the <u>Consumer Disclosure</u> and to ta Bureau of Information and	do business	Submit		
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We just emailed you a link to make sure it's you. It'll only take a few seconds, and we can't accept your input on "Financial Eligibility Form" until you've confirmed.

11. Open email.

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State of South Dakota

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[EXT] You filled out: "Financial Eligibility Form"

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15. Open email.

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	Attached is the final agreement for your reference. You can also open it online to review its activity history. To ensure that you continue receiving our emails, please add adobesign@adobesign.com to your address book or safe list. © 2023 Adobe. All rights reserved.		

16. A copy will go to the state, but DO NOT consider this a submission for a hardship consideration. Providers must follow the hardship consideration process described within their contract.