Refusal of Hardship Consideration (Calendar Year 2020)

I understand that I have been found ineligible to receive mental health/substance use/gambling services funded by the Division of Behavioral Health. I also understand that the Division of Behavioral Health have policies in which all cases of ineligibility are reviewed for a possible hardship consideration and through this process, hardships that would make paying for services an undue financial burden are taken into account. The Hardship Consideration process has been explained to me, but I am declining to participate at this time. By signing this document, I hereby waive my right to the Hardship Consideration process and the entire appeals process.

_______________________________________________  
Signature (Client or Parent/Guardian)  
_______________________________________________  
Date

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).