



COUNTY OF ANOKA

HUMAN SERVICES DIVISION
Community Social Services &
Mental Health Department

Government Center • 2100 3rd Avenue, Suite 500 • Anoka, MN 55303-5049
763/422-7000 • TDD: 763/323-6166
FAX: 763/422-6987 • 763/422-6929 • 763/422-7140 • 763/422-7232

Rule 25 is state paid chemical dependency treatment funding. If you are eligible, the State of Minnesota will pay for you to have a Chemical Dependency Evaluation and assessor recommended treatment. Rule 25 is non emergency funds. If you feel that you are experiencing a Mental Health Crisis, contact RIVERWIND at (763) 755-3801 or Mercy Hospital Crisis unit at (763) 236-7911.

If you have private health insurance or a Managed Care plan through Medical Assistance (such as Health Partners or U Care), please contact your Health Insurance Provider for coverage information and appointments.

If you wish to apply for Rule 25 funding, please complete the enclosed application and provide all requested verifications. If you are pregnant **or** using intravenous drugs **or** need help completing this application, please call (763) 422-7078.

Completed applications and all verifications can be submitted in one of the following ways:

Fax to: (763) 422-6987 Attention: Rule 25

Mail or bring to:

Anoka County Government Center
Rule 25--5th Floor
2100 Third Avenue
Anoka, MN 55303

Once your complete application and verifications are received, you will be contacted by phone or mail. If you have been determined to be eligible for funding, an appointment for an evaluation will be scheduled for you. You will meet with an Assessor to discuss your alcohol and drug use. The Assessor will determine if you need help for alcohol or drug use and where you will go to receive treatment. If it has been longer than two weeks since you mailed in your application and you have not received a response, please call (763) 422-7078

If you have any further questions about this application or the Rule 25 program, please call 763-422-7078.

Affirmative Action/Equal Opportunity Employer

Rule 25 Consolidated Fund Application

Application Date: _____	Expiration Date: _____
Intake Worker: _____	Approval Date: _____ (Valid 45 days)

Client Information

1. _____
(Last, first, middle name - please print clearly)
2. _____
(Street / Apt # / City / State / Zip code)
Please provide address verification such as: a copy of a piece of mail recently sent to you with the above name and address on it, a copy of the lease, a signed statement from the homeowner. NO driver's license.
3. Phone #: Home: () _____, Work: () _____, Cell: () _____
4. Birth date: _____
5. Social Security #: _____
6. Gender: Male, Female
7. Marital Status: _____
8. Race: _____
9. Hispanic Ethnicity: Yes, No
10. Are you a veteran? Yes, No
11. If yes, type of discharge: _____
12. Do you have veteran's medical benefits available to you (self or as dependent coverage)? Yes, No

Family Information

13. Number of persons living in household and/or dependents: _____

14.

	Names of Members of Family Unit	Birthdate	Gender	Relationship to You
Client:				
Other: _____				

15. Are you pregnant: Yes, No, N/A

Insurance Information

16. Are you receiving Medical Assistance or Minnesota Care benefits?: Yes, No
 Comments: _____
17. If yes, are you enrolled in a health care plan such as Health Partners or U-Care? Yes, No
If yes, please contact your health care plan and ask for a chemical dependency assessment. This is a covered benefit. If no, please continue.
18. Do you have any private health insurance or HMO coverage? Yes, No
If yes, please provide the following information OR a copy (front & back) of your insurance card. If no, please skip to line 28.
19. Company Name: _____
20. Company Address: _____
21. Policy Number: _____
22. Policy Holder Name: _____
23. Policy Holder Address: _____
24. Group Name / Number: _____
25. Contact Person Name/Tel# _____ Tele #: () _____
26. Coverage Type Limitations / Co-payments
 Outpatient _____
 Inpatient _____
 Comments: _____
27. Other: _____

Income Information - Applicant

28. Are you currently employed or have unemployment income? Yes, No
29. If yes, what is your average weekly amount: \$ _____ Employer: _____
(If yes, please provide copies of your 2 most recent pay stubs or self-employment records or copies of your most recent tax returns or a statement of employment & income signed by your employer)
30. If you are not currently employed, what was your last date of employment: _____
(If your job ended less than 3 months ago, please provide a statement from the former employer showing your last date of work or COBRA statement or termination notice).

Income Information – Spouse

31. If married is your spouse employed: Yes, No, N/A
32. If yes, spouse’s average weekly amount: \$ _____. Employer: _____
(If spouse is working please provide copies of their 2 most recent pay stubs, self-employment records or copies of your most recent tax returns or a statement of employment & income signed by spouse’s employer)

33. If your spouse is not currently employed, what was their last date of employment: _____
34. *(If spouse's job ended less than 3 months ago, please provide a statement from the former employer showing spouse's last date of work or COBRA statement or termination notice).*

Financial Information - Other

35. Do you have any unearned income? Yes, No
 (i.e., interest, dividends, insurance payments, SSI, pensions, VA benefits, alimony, worker's comp, unemployment, social security, Veteran's pensions, etc)
36. If yes, what are the total income amounts & sources: \$_____. Source/s: _____
(Please provide written verification of income, for example, monthly statements, pay stubs, award letters, bank deposits etc.)
37. Do you receive child support: Yes, No
38. If yes, how much: \$_____/month *(Please provide a copy of your last month's payment received)*
39. Do you pay court ordered child support? Yes, No
40. If yes, how much do you pay each month: \$_____
(Please provide a copy of your last month's payment or current paystub showing payment.)

Referral, Legal and Social Service Information

41. How were you referred to Rule 25? _____
42. Have you had a chemical use assessment in the past 6 months? Yes, No
43. If yes – where? _____
44. Is this a court ordered assessment? Yes, No
45. If yes – which court ordered it? _____
46. Are you currently on probation or have a parole officer? Yes, No
47. *If yes:* Name: _____
48. County: _____
49. Phone: () _____
50. Are you currently working with a county social worker? Yes, No
51. *If yes:* Name: _____
52. County: _____
53. Phone: () _____
54. Do you have any court dates pending? Yes, No
55. *If yes:* County: _____
56. Date/s: _____
57. Do you expect to serve any jail sentence / workhouse time? Yes, No
58. *If yes:* County: _____
59. Start Date: _____
60. Do you have any warrants? Yes, No
61. County: _____
- If yes, please be aware that the warrant will be carried out prior to any Rule 25 assessment.*

Chemical Usage Information

- 62. Are you currently an IV drug user? (use needles / shoot up) Yes, No
- 63. What drugs / chemicals are you currently using? _____
- 64. Date of last use? _____
- 65. Other: _____

DECLARATIONS

Why the County needs this information: The information that you give us will be used to decide what kind of help you need and if we can pay for it. Unless the law says we can or unless you tell us we can, we will not give anyone else any information about you. You have the right to see any information that we have about you. If you do not tell us the information that we need to know, we may not help you.

Rule 25 Applicant: By my signature below I attest that the information provided in this application is true and correct. I know that I may have to pay a fee based upon my income. I agree to pay the fee, if any. I acknowledge that I may have to pay the full cost of these services if I do not tell the truth in this application.

I also understand that until ALL verifications requested in this application are provided that my application cannot be processed.

If you are not contacted within two (2) weeks of submitting this application, please call 763-422-7078.

(Client name – print)

(Date)

(Client signature)