



**CHILDREN WITH MEDICALLY FRAGILE NEEDS APPLICATION**  
DEPARTMENT OF HUMAN SERVICES  
MEDICAL SERVICES DIVISION  
SFN 394 (3-2008)

Name Of Child		Child's Date Of Birth	
Address		Telephone Number	
City		State	Zip Code
Is Child On Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Effective Date	
		Primary Physician	
Diagnosis			
Durable Medical Equipment Needed			
Mother's Name		Telephone Number	
Address		Work Number	
City		State	Zip Code
Father's Name		Telephone Number	
Address		Work Number	
City		State	Zip Code
Return Completed Form To:  Children with Medically Fragile Needs Program Manager State Capital - Judicial Wing 600 East Boulevard Ave Dept 325 Bismarck ND 58505-0250  1-800-755-2604 (701) 328-2321 Fax 328-1544			