AGREEMENT FOR PASS PARTICIPATION
NORTH DAKOTA PUBLIC ADMINISTRATOR SUPPORT SERVICES (PASS)

OFFICE OF GUARDIANSHIP AND CONSERVATORSHIP
SFN 62730 (05-2026)

PUBLIC ADMINISTRATOR/AGENCY APPLICATION INFORMATION

Public Administrator/Agency Name			
Address	City	State	ZIP Code
Email Address	Telephone Number		

INDIVIDUALS NEEDING ACCESS TO PASS DATABASE

Name	Email Address	Telephone Number
Name	Email Address	Telephone Number
Name	Email Address	Telephone Number
Name	Email Address	Telephone Number

CERTIFICATIONS

The applicant certifies that it will submit for PASS reimbursement only those protected person(s) (1) for whom the applicant is designated the guardian; (2) for which the individual is not receiving developmental disability services; (3) that has been found to be an incapacitated adult as defined by NDCC 30.1-26-01; and (4) that has an income at or below 100% of the federal poverty level or is approved for Medicaid funded services.

The applicant certifies that for the protected person(s) identified for PASS reimbursement, the applicant will receive no other financial reimbursement from other sources for serving as the individual's guardian after the date of the application for program reimbursement.

The applicant certifies that it will prepare and submit all court required reports concerning the guardianship(s).

The applicant certifies that it will complete the Application for PASS Funding (SFN 62729), which includes the court docket number of the court order establishing the guardianship and other relevant information regarding the protected person's eligibility for PASS program reimbursement.

The applicant certifies that it will update the Application for PASS Funding (SFN 62729) prior to completion of any subsequent monthly report if the protected person should become ineligible for PASS program reimbursement, by entering the date of ineligibility and the reason. A protected person may be reactivated for PASS program reimbursement if they subsequently become eligible for PASS program reimbursement.

CERTIFICATIONS (Continued from Page 1)

The applicant certifies that it will complete a monthly report indicating the number of days of services provided to each protected person that is eligible for PASS program reimbursement and that data will not be submitted for days of service prior to the date of guardianship establishment or the death of protected person.

The applicant certifies that it will provide the PASS program manager, the state funding agency or their designee, during regular business hours, access to all records necessary to establish eligibility of this protected person for program reimbursement and to complete any necessary fiscal audit.

The applicant understands that failure to comply with the provisions of this application may result in discontinuation of current and potential future funding. The applicant also certifies all submissions are accurate and made in good faith and that any fraudulently obtained funds or misuse thereof may result in civil and criminal penalties.

SIGNATURE

By typing my name below, I am signing this form electronically. I agree that my electronic signature is the legal equivalent of my handwritten signature. I attest, subject to the penalties of perjury that I am the individual completing this application and that I have provided accurate information. NDCC 9-16

Signature	Date

Mail Completed Form to:
Office of Guardianship and Conservatorship
600 E Boulevard Ave, Dept. 315
Bismarck, ND 58505-0250
701-328-3010
Fax: (701)328-0306

Email Completed Form: ogc@nd.gov