

## EASTERN IOWA MH/DS APPLICATION

DEMOGRAPHICS			
<b>Application Date:</b>		<b>County Office:</b>	
<b>Social Security #:</b>		<b>Birth Date:</b> ____/____/____	<b>Gender:</b> [ ] Male [ ] Female
<b>Last &amp; First Name:</b>			
	Last <i>(Please Print)</i>	First	MI
<b>Maiden Name:</b> (If applicable)			
<b>Current Address:</b>			<b>How long at this address:</b>
	<i>Street/Avenue (Please Print)</i>		(Years or months)
<b>City, State, Zip:</b>			<b>County:</b>
<b>Mailing Address:</b>	Street, City, State ,Zip:		

CONTACT DETAILS					
<b>Phone #'s:</b>	Cell Phone:	Home Phone:			
<b>Email:</b>					
DETAILS					
<b>Marital Status:</b>	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married or Common Law	<input type="checkbox"/> Separated	<input type="checkbox"/> Single (Never Married)	<input type="checkbox"/> Widowed
<b>Race:</b>	<input type="checkbox"/> White	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Other(biracial; Sudanese; etc)		
	<input type="checkbox"/> Native American	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Unknown		
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non Hispanic or Latino	<b>US Citizen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Primary Language:</b>	<input type="checkbox"/> English	<input type="checkbox"/> Other- please list:			
<b>Legal Status:</b>	<input type="checkbox"/> Voluntary	<input type="checkbox"/> Involuntary, Civil Commitment	<input type="checkbox"/> Involuntary, Criminal Commitment		
<b>Veteran Status:</b>	Military Branch:	Type of Discharge:	Discharge Date:		

RESIDENTIAL ARRANGEMENTS			
<input type="checkbox"/> Alone-Private Residence	<input type="checkbox"/> 24 Hr Habilitation	<input type="checkbox"/> RCF/ID	<input type="checkbox"/> Correctional Facility
<input type="checkbox"/> w/Relatives-Private Residence	<input type="checkbox"/> 24 Hr SCL	<input type="checkbox"/> RCF/PMI	<input type="checkbox"/> Foster Care Family Life Home
<input type="checkbox"/> w/Unrelated Persons-Private Residence	<input type="checkbox"/> ICF/ID	<input type="checkbox"/> Residential Care Facility	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Homeless/Shelter/Street	<input type="checkbox"/> ICF/Nursing Home	<input type="checkbox"/> State MHI	Is this a treatment center? If yes, location:
	<input type="checkbox"/> ICF/PMI	<input type="checkbox"/> State Resource Center	

OTHERS IN HOUSEHOLD		
<u>First and Last Name:</u>	<u>Relationship:</u>	<u>Date of Birth:</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

**EASTERN IOWA MH/DS APPLICATION**

**LEGAL REPRESENTATIVE, CONSERVATOR, POWER OF ATTORNEY OR PROTECTIVE PAYEE**

**Do you have a legal representative, conservator, power of attorney or protective payee?**     **Yes**     **No**

<input type="checkbox"/> Legal Representative	Name: _____	Address: _____	Phone: _____
<input type="checkbox"/> Protective Payee	Name: _____	Address: _____	Phone: _____
<input type="checkbox"/> Conservator	Name: _____	Address: _____	Phone: _____
<input type="checkbox"/> Power of Attorney	Name: _____	Address: _____	Phone: _____

**EDUCATION LEVEL**

<input type="checkbox"/> None	Years of Education: _____
<input type="checkbox"/> H.S. Diploma	
<input type="checkbox"/> GED	
<input type="checkbox"/> Associates	
<input type="checkbox"/> Bachelors or Higher	

**REFERRAL SOURCE**

<input type="checkbox"/> Community Corrections	<input type="checkbox"/> Physician
<input type="checkbox"/> Family and/or Friends	<input type="checkbox"/> RCF/ICF
<input type="checkbox"/> Hospital	<input type="checkbox"/> Self
<input type="checkbox"/> Social Service	<input type="checkbox"/> Other

**CURRENT EMPLOYMENT STATUS**

<input type="checkbox"/> Employed, Full Time	<input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed, available for work
<input type="checkbox"/> Employed, Part Time	<input type="checkbox"/> Seasonally employed	<input type="checkbox"/> Unemployed, unavailable for work
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Sheltered work employment	<input type="checkbox"/> Vocational Rehabilitation
<input type="checkbox"/> In the Armed Forces	<input type="checkbox"/> Student	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Other, Not applicable	<input type="checkbox"/> Supported employment	<input type="checkbox"/> Work Activity Employment

**HEALTH INSURANCE TYPE**

<input type="checkbox"/> <b>No Insurance</b>	<input type="checkbox"/> <b>Medicare</b>	<input type="checkbox"/> <b>MEPD-Medicaid for Employed Persons w/Disabilities</b>	<input type="checkbox"/> <b>Other</b>
<input type="checkbox"/> <b>Private Third Party Health Insurance</b>		<input type="checkbox"/> <b>Iowa Medicaid (Iowa DHS)</b>	
<b>Policy #:</b> _____		<b>Medicaid State ID #:</b> _____	
<b>Name of Health Insurance Plan:</b> _____		<b>MCOs (circle one if applicable):</b> 1. Amerigroup    2. Iowa Total Care	

**APPLICATION FOR BENEFITS**

**If you are NOT already receiving any benefits, have you applied for any of the following?**

<input type="checkbox"/> FIP	<input type="checkbox"/> Health Insurance Care Coverage	<input type="checkbox"/> RR-Railroad Retirement Benefits	
<input type="checkbox"/> SSDI (Social Security Disability)	<input type="checkbox"/> SSI (Supplemental Security Income)	<input type="checkbox"/> SS (Social Security Retirement)	
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Veteran's Benefits	<input type="checkbox"/> Workers compensation	

**What is the status of your benefit application(s)**

<input type="checkbox"/> Approved, but not started	<input type="checkbox"/> Denied	<input type="checkbox"/> Pending	<input type="checkbox"/> Other
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FINANCIAL DISCLOSURE of INCOME and RESOURCES		
GROSS MONTHLY INCOME DETAILS		
Monthly Income Source: \$ GROSS (Check Type, Fill in amount)	Applicant Monthly \$ Amount	Others in Household Monthly \$ Amount
<input type="checkbox"/> Employment Wages		
<input type="checkbox"/> Child Support Received		
<input type="checkbox"/> Dividend interest		
<input type="checkbox"/> Family & Friends		
<input type="checkbox"/> FIP		
<input type="checkbox"/> RR-Railroad Retirement Benefits		
<input type="checkbox"/> SS-Social Security Retirement		
<input type="checkbox"/> SSI (Supplemental Security Income)		
<input type="checkbox"/> SSDI (Social Security Disability)		
<input type="checkbox"/> Unemployment Compensation		
<input type="checkbox"/> Veterans Benefit		
<input type="checkbox"/> Workers Compensation		
<input type="checkbox"/> Other (please specify)		
<b>TOTAL INCOME:</b>		

HOUSEHOLD RESOURCES			
Resource Type: (Check all that apply)	Applicant Monthly \$ Amount	Others in Household Monthly \$ Amount	Location
<input type="checkbox"/> Cash on hand			
<input type="checkbox"/> Checking Account			
<input type="checkbox"/> Saving Account			
<input type="checkbox"/> Annuity			
<input type="checkbox"/> Certificate of Deposit (CD's)			
<input type="checkbox"/> Individual Retirement Account (IRA)			
<input type="checkbox"/> Trust Funds			
<input type="checkbox"/> Stocks & Bond			
<input type="checkbox"/> Whole Life Insurance (cash value)			
<input type="checkbox"/> Other Resources (List type):			
<b>TOTAL RESOURCES:</b>			
<input type="checkbox"/> Vehicle    Make:            Model:	<input type="checkbox"/> Property/Business Interest    Type:            Address:		
Value:	Year:	Property Value:	

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**CURRENT CASE MANAGER, SOCIAL WORKER, CARE COORDINATOR**

<b>Name:</b>			
<b>Agency Name:</b>			
<b>Address:</b>		<b>Phone #:</b>	
<b>City, Zip Code</b>			

**EMERGENCY CONTACT**

<b>Name</b>		<b>Relationship:</b>	
<b>Address:</b>		<b>Phone #:</b>	
<b>City, Zip Code</b>			

**PERSON COMPLETING THE FORM (IF OTHER THAN APPLICANT)**

<b>Name:</b>		<b>Relationship:</b>	
<b>Address:</b>		<b>Phone #:</b>	
<b>City, Zip, Code</b>			

Required Documents to validate data listed in application:	Services Requested:
<input type="checkbox"/> <b>Picture ID</b>	<input type="checkbox"/> <b>Mental Health Services</b>
<input type="checkbox"/> <b>Proof of Social Security #</b>	<input type="checkbox"/> <b>Residential Services</b>
<input type="checkbox"/> <b>Proof of Address</b>	<input type="checkbox"/> <b>Vocational Services</b>
<input type="checkbox"/> <b>Proof of Income</b>	<input type="checkbox"/> <b>Other Services-Please list:</b>
<input type="checkbox"/> <b>Letter of Court Appointment (If applicable)</b>	
Disability Group: <input type="checkbox"/> (40) MI <input type="checkbox"/> (42) ID <input type="checkbox"/> (43) DD <input type="checkbox"/> (47) BI	
Diagnosis (if known):	

**EASTERN IOWA MH/DS APPLICATION**

**PLEASE READ BEFORE SIGNING**

- Your application must be complete or there may be a delay in the funding decision. If you need assistance to complete this application, please contact your local county office.
- I agree to inform the local county office of any changes provided in this application within 10 days of the change.
- I understand I may be expected to contribute toward the cost of my services after receiving a Notice of Decision. This includes client participation at a Residential Care Facility. Failure to comply with the Notice of Decision may result in the termination of funding.

I hereby attest that the information I have provided is true and correct to the best of my knowledge. I also give permission to release this information to verify and/or communicate eligibility for the assistance requested. I also understand that this is a government document and if I knowingly provide false information, the Region has the right to pursue collection of funds.

**X**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**X**

\_\_\_\_\_  
Signature of Legal Representative

\_\_\_\_\_  
Date

*(Application must be signed or witnessed and dated to be considered for assistance.)*

**RIGHT OF APPEAL**

If you do not agree with the action of the local County office or the Region you may request a reconsideration of the decision. You will receive a Notice of Decision that will explain the appeal process.

**REGIONAL CONTACT INFORMATION**

County Member:	Address:	Phone & Fax #:
Cedar County	Cedar County Courthouse 400 Cedar St • Tipton IA, 52772	563-886-1726 fax: 563-886-1437
Clinton County	Clinton County Administrative Building 1900 N 3 <sup>rd</sup> St • Clinton IA, 52732	563-244-0563 fax: 563-243-9027
Jackson County	Jackson County 311 W Platt St • Maquoketa, IA 52060	563-652-1743 fax: 563-652-0337
Muscatine County	Muscatine County Community Services 315 Iowa Ave Suite 1 • Muscatine, IA 52761	563-263-7512 fax: 563-262-9378
Scott County	Scott County Administrative Center • 4 <sup>th</sup> Floor 600 W 4 <sup>th</sup> St • Davenport, IA 52801	563-326-8723 fax: 563-326-8730