Application for MH/DD Services

CICS
Supporting Individuals. Strengthening Communities.

Application Date: ____________________ Date Received by Office: ____________________

First Name: ____________________ Last Name: ____________________ MI: ________

Other Names Used: ____________________ Email: ____________________ Birth Date: ________

Ethnic Background: ☐ White ☐ African American ☐ Native American ☐ Asian ☐ Hispanic ☐ Other ____________

Sex: ☐ Male ☐ Female US Citizen: ☐ Yes ☐ No

If you are not a citizen, are you in the country legally? ☐ Yes ☐ No

SSN # ____________________ Marital Status: ☐ Never married ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Legal Status: ☐ Voluntary ☐ Involuntary-Civil ☐ Involuntary-Criminal ☐ Probation ☐ Parole ☐ Jail/Prison

Primary Phone #: ____________________ May we leave a message? ☐ Yes ☐ No

Current Address: ____________________ ____________________ ________ ________ ____________

Street City State Zip County

When did you move here: ____________________

I live: ☐ Alone ☐ With Relatives ☐ With Unrelated Persons

Use as current mailing address: ☐ Yes ☐ No If not, ____________________

Previous Address: ____________________ ____________________ ________ ________ ____________

Street City State Zip County

When did you move here: ____________________ End Date: ____________________

Current Service Providers:

	Name	Location
1.	____________________	____________________
2.	____________________	____________________
3.	____________________	____________________

Current Residential Arrangement (check applicable arrangement):

☐ Private Residence ☐ Foster Care/Family Life Home ☐ Correctional Facility ☐ Homeless/Shelter/Street

☐ Other____________________

Veteran Status: ☐ Yes ☐ No Branch & Type of Discharge: ____________________

Dates of Service: ____________________

Current Employment (Check applicable employment):

☐ Unemployed, available for work ☐ Unemployed, unavailable for work ☐ Employed, Full-time
☐ Employed, Part-time ☐ Retired ☐ Student
☐ Work Activity ☐ Sheltered Work Employment ☐ Supported Employment
☐ Vocational Rehabilitation ☐ Seasonally Employed ☐ Armed Forces
☐ Homemaker ☐ Volunteer ☐ Other ______________________

Current Employer: __________________________________ Position: ____

Dates of Employment: ______________________________ Hourly Wage: ____________ Hours worked weekly: ________

Employment History (list starting with most recent to previous):

Employer	City, State	Job Title	Duties	To/From

Education: How many years of education have you achieved? __________

What is your education level: ☐ Current Student ☐ Special Education ☐ GED ☐ High School Diploma
☐ Degree ______________________________

Emergency Contact Person:

Name: ______________________________________ Relationship: ____

Address: ____________________________________ Phone: ____

Guardian/Conservator appointed by the Court: ☐ Yes ☐ No

☐ Legal Guardian ☐ Conservator ☐ Protective Payee
(Please check those that apply & write in name, address etc.)

Name: _______________________________________

Address: _____________________________________

Phone: ______________________________________

Protective Payee Appointed by Social Security: ☐ Yes ☐ No

☐ Legal Guardian ☐ Conservator ☐ Protective Payee
(Please check those that apply & write in name, address etc.)

Name: _______________________________________

Address: _____________________________________

Phone: ______________________________________

List All People In Household:

Name	Birth Date	Relationship	Social Security Number

Gross Monthly Income (before taxes): (Check type & fill in amount)	Applicant Amount:	Others in Household Amount:
☐ Social Security		
☐ SSDI		
☐ SSI		
☐ Veteran's Benefits		
☐ Employment Wages		
☐ FIP		
☐ Child Support		
☐ Rental Income		
☐ Dividends, Interest, etc.		
☐ Pension		
☐ Other ______________________________		
Total Monthly Income:		

Household Resources: (Check type and fill in amount and location)	Amount	Bank, Trustee, or Company
☐ Cash		
☐ Checking Account		
☐ Savings Account		
☐ Certificates of Deposit		
☐ Trust Funds		
☐ Stocks and Bonds (cash value?)		
☐ Burial Fund/Life Insurance (cash value?)		
☐ Retirement Funds (cash value?)		
☐ Other ______________________________		
Total Resources:		

Motor Vehicles: ☐ Yes ☐ No Make & Year: ________________________________ Estimated value: ____________

(include car, truck, motorcycle, boat, recreational vehicle, etc.) Make & Year: ________________________________ Estimated value: ____________

Make & Year: ________________________________ Estimated value: ____________

INCOME: Proof of income may be required with this application, including but not limited to: pay-stubs, tax-returns, etc.
If you have reported no income above, how do you pay your bills? Do not leave blank if no income is reported!

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Do you, your spouse, or dependent children own or have interest in the following:

House, including the one you live in: ☐ Yes ☐ No Any other real estate or land: ☐ Yes ☐ No

Other:______________________ ☐ Yes ☐ No

If yes to any of the above, please explain: ____

Have you sold or given away any property in the last five (5) years: ☐ Yes ☐ No

If yes, what did you sell or give away? ____

Health Insurance Information (check all that apply):

Primary Carrier (pays 1st)

☐ Applicant Pays ☐ Medicaid ☐ Iowa Health and Wellness
☐ Medicare A, B, D ☐ Medically Needy ☐ MEPD
☐ No Insurance ☐ Private Insurance ☐ HAWK-I

Company Name ____________________

Address ____________________

____

Policy Number ____________________
(or Medicaid/Title 19 or Medicare Claim Number)

Start Date ____________ Any limits? ☐ Yes ☐ No

Spend down ____________ Deductible ____________

Secondary Carrier (pays 2nd)

☐ Applicant Pays ☐ Medicaid ☐ Iowa Health and Wellness
☐ Medicare A, B, D ☐ Medically Needy ☐ MEPD
☐ No Insurance ☐ Private Insurance ☐ HAWK-I

Company Name ____________________

Address ____________________

____

Policy Number ____________________
(or Medicaid/Title 19 or Medicare Claim Number)

Start Date ____________ Any limits? ☐ Yes ☐ No

Spend down ____________ Deductible ____________

Referral Source:

☐ Self ☐ Community Corrections ☐ Family/Friend ☐ Social Service Agency
☐ Targeted Case Management ☐ Other Case Management ☐ Other ____________

Have you applied for any of the public programs listed below? Has your application been Approved or Denied? (Please indicate those you have applied for and the status of your referral)

☐ Social Security ____________ ☐ SSD ____________ ☐ Medicare ____________
☐ SSI ____________ ☐ Medicaid ____________ ☐ DHS Food Assistance ____________
☐ Veterans ____________ ☐ Unemployment ____________ ☐ FIP ____________
☐ Other ____________ ☐ Other ____________

Disability Group/Primary Diagnosis (if known):

☐ Mental Illness ☐ Intellectual Disability ☐ Developmental Disability ☐ Substance Abuse ☐ Brain Injury

Specific Diagnosis determined by: ____________________ Date: ____________

Axis I: ____________________ Dx Code: ____________

Axis II: ____________________ Dx Code: ____________

Why are you here today? What services do you NEED? (this section must be completed as part of this application!)

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I certify that the above information is true and complete to the best of my knowledge, and I authorize regional or county staff to check for verification of the information provided including verification with Iowa regions and county government and the state of Iowa Dept. of Human Services (DHS) and Iowa Department of Corrections or Community Corrections staff. I understand that the information gathered in this document is for the use of the region or county in establishing my ability to pay for services requested, and in ensuring the appropriateness of services requested. I understand that information in this document will remain confidential.

____________________ ____________
Applicant or Legal Guardian Signature (required) Date

____________________ ____________
Other individual assisting to complete application Date