# Sioux Rivers Regional MHDS Application Form

***For individuals living in: Cherokee, Plymouth, Sioux and Woodbury Counties***

**Application Date:** ___________________________**Date Received by Office:** ____________________________

**First Name:** ________________________ **Last Name:** _____________________**MI:** _________

**Nickname:** _________________________ **Maiden Name:** _______________________ **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

**Are you considered legally blind?** ☐Yes ☐No **If yes, when was this determined?** __________________

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

**Current Address**: ______________________________________________________________________________

Street City State Zip County

Begin Date ________________________

**I live:** ☐ Alone ☐ With Relatives ☐With Unrelated persons

☐**Use as current Mailing Address:** ☐Yes ☐No **If not,** _________________________________________________

**Previous Address**_________________________________________________________________________

Street City State Zip County

Begin Date___________________ End Date___________________

**Current Service Providers:**

**Name** **Location**

1. ______________________________________________________________________

2. ______________________________________________________________________

**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 |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |

**Education: What is the highest level of education you achieved?** ______ **# of years** ______ **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 | Age | Relationship | Social Security Number |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

**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!)**

______________________________________________________________________________

______________________________________________________________________________

**Gross Monthly Income (before taxes):** **Applicant Amount:** **Others in Household Amount:**

**(Check Type & fill in amount)**

| Type | 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 and fill in amount and location):

| Type | Amount | Bank, Trustee, or Company |
|---|---|---|
| ☐Cash | ____________ | ______________________ |
| ☐Checking Account | ____________ | ______________________ |
| ☐Savings Account | ____________ | ______________________ |
| ☐Certificates of Deposit | ____________ | ______________________ |
| ☐Trust Funds | ____________ | ______________________ |
| ☐Stocks and Bonds (cash value?) | ____________ | ______________________ |
| ☐Burial Fund/Life Ins (cash value?) | ____________ | ______________________ |
| ☐Retirement Funds (cash value?) | ____________ | ______________________ |
| ☐Other ____________ | ____________ | ______________________ |
| **Total Resources:** | ____________ | |

**Motor Vehicles**: ☐Yes ☐No
(include car, truck, motorcycle, boat, recreational vehicle, etc.)

Make & Year: ____________ Estimated value: ____________

Make & Year: ____________ Estimated value: ____________

Make & Year: ____________ Estimated value: ____________

**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)** | **Secondary Carrier (pays 2nd)** |
|---|---|
| ☐Applicant Pays ☐Medicaid ☐Family Planning only<br>☐Medicare A, B, D ☐Medically Needy ☐ MEPD<br>☐No Insurance ☐ Private Insurance ☐ HAWK-I | ☐Applicant Pays ☐Medicaid ☐ Family Planning only<br>☐Medicare A, B, D ☐ Medically Needy ☐ MEPD<br>☐No Insurance ☐Private Insurance ☐ HAWK-I |
| Company Name ____________________ | Company Name ____________________ |
| Address ____________________<br>____________________ | Address ____________________<br>____________________ |
| Policy Number: ____________________<br>(or Medicaid/Title 19 or Medicare Claim Number) | Policy Number ____________________<br>(or Medicaid/Title 19 or Medicare Claim Number) |
| Start Date: __________ Any limits? ☐ Yes ☐ No | Start Date: __________ Any limits? ☐ Yes ☐ No |
| Spend down: __________ Deductible: __________ | Spend down: __________ Deductible: __________ |

**Referral Source:**

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

## Have you applied for any of the public programs listed below?

**(Please check those you have applied for and the status of your referral) Has your application been Approved or Denied? If denied and you appealed, what is the date of appeal ____________ Have you applied for reconsideration_______. Have you had a hearing with an Administrative Law Judge and what was the date of the scheduled hearing**: ______________

☐**Social Security**____________________ ☐**SSDI**____________________ ☐**Medicare**____________________

☐**SSI** ____________________ ☐**Medicaid**________________ ☐**DHS Food Assistance:**___________

☐**Veterans** ____________________ ☐**Unemployment**____________ ☐**FIP** ____________________

☐**Other**____________________ ☐**Other**____________________

**Disability Group/Primary Diagnosis: (If known)**

☐Mental Illness ☐Chronic 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 <u>NEED</u>? (this section <u>must</u> be completed as part of this application!)**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

**I certify that the above information is true and complete to the best of my knowledge, and I authorize Sioux Rivers Regional MHDS staff to check for verification of the information provided including verification with Iowa 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 Sioux Rivers Region to establish my ability to pay for the services requested, and to assure the appropriateness of services requested. I understand that information in this document will remain confidential.**

______________________________________________________________________________
**Applicant's Signature (or Legal Guardian) Date**

______________________________________________________________________________
**Signature of other completing form if not Applicant or Legal Guardian Date**