Central Iowa Community Services
Story County Office
126 S. Kellogg Ave. Suite 001
Ames, Iowa 50010
Ph: (515) 663-2930 • Fax: (515) 663-2940

Application for MH/DD Services

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

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
1.				
2.				
3.				

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
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): (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 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)

☐ 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 _____ ☐ Other Case Management

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!)

_____
_____
_____
_____
_____

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's Signature (or Legal Guardian) Date

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