1200 North 9th Street West, PO Box 622, Clear Lake, Iowa 50428

Ph: 641-357-5277, F: 641-357-6471

APPLICATION FOR SERVICES

CODE # 9.5

|  |  |
| --- | --- |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Social Security #:\_\_\_\_\_\_\_\_\_\_\_ |
| City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Medicaid #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Medicare #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

MCO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager / Care Coordinator – Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Payee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

I am applying for services from Opportunity Village because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Services I am interested in:

\_\_\_\_\_ Residential (Supported Community Living, Respite)

\_\_\_\_\_ Vocational (Discovery, Career Exploration, Job Development, Job Coaching)

Where I would like to receive these services:

\_\_\_\_\_ Clear Lake

\_\_\_\_\_ Mason City, Nora Springs, Charles City, Osage

\_\_\_\_\_ Ventura, Garner, Britt, Forest City, Lake Mills

\_\_\_\_\_ Eagle Grove, Humboldt, Webster City, Fort Dodge

\_\_\_\_\_ Anywhere available

I have the following needs:

1. Vocational – Employment:

2. Medical:

3. Life Skills (living, personal & educational):

Factors that would affect me receiving services:

I am currently receiving the following services (residential, vocational-employment, medical):

My current monthly income is:

Social Security \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Railroad Pension \_\_\_\_\_\_\_\_\_\_\_\_\_ VA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please include a copy of cards.)

Wages / Earned Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I have other medical coverage: \_\_\_ YES \_\_\_ NO

If yes:

Policy type:

Company:

Policyholder:

I have a checking / savings account at (bank name / location):

My present balance is $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (checking) and $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (savings).

I have an irrevocable burial trust: \_\_\_ YES \_\_\_ NO

If yes, please provide a copy of the trust agreement.

Signature of Applicant (or person completing form) Date

Revised: 10/2008, 09/2016