****

**Funding Application**

**Application Date:**

**LAST Name:**  \_\_\_\_\_ **FIRST Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MI:** \_\_\_\_\_\_\_\_\_\_\_

**Phone #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Birth Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SSN**#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Address**: \_\_\_ \_\_\_\_\_\_\_\_\_\_ Street City State Zip County

**Primary Language:** [ ]  English [ ]  Spanish [ ]  Bosnian [ ]  Croatian **Sex:** [ ]  Male [ ]  Female

**Ethnic Background:** **[ ]** White [ ]  African American [ ]  Native American [ ]  Asian [ ]  Hispanic [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **∙ Guardian/Conservator appointed by the Court? [ ]  Yes [ ]  No ∙ Protective Payee Appointed by Social Security? [ ]  Yes [ ]  No**

 [ ]  **Legal Guardian** [ ]  **Protective Payee**  [ ]  **Conservator** [ ]  **Legal Guardian** **[ ]  Protective Payee** **[ ]  Conservator**

 (Please check those that apply & write in name, address etc.) (Please check those that apply & write in name, address etc.)

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: Phone:

**Veteran Status:** [ ]  Yes [ ]  No  **Branch & Type of Discharge:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Dates of Service:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you currently on commitment?** [ ]  Yes [ ]  No  **If Yes, please explain:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status:**  [ ]  Never married [ ]  Married [ ]  Divorced [ ]  Separated [ ]  Widowed

**Legal Status**: [ ]  Voluntary [ ]  Involuntary-Civil [ ]  Involuntary-Criminal [ ]  Probation [ ]  Parole [ ]  Jail/Prison

**Are you a US Citizen & residing in the U.S. legally?** [ ]  Yes [ ]  No

**Living Arrangement:**  [ ]  Alone [ ]  With relatives [ ]  With unrelated persons

**Current Residential Arrangement:** (Check applicable arrangement)

[ ]  Private Residence [ ]  State Resource Center [ ]  ICF [ ]  Supported Comm. Living

[ ]  Foster Care/Family Life Home [ ]  RCF [ ]  ICF/ MR [ ]  Correctional Facility

[ ]  Homeless/Shelter/Street [ ]  RCF/MR [ ]  ICF/PMI

[ ]  State MHI [ ]  RCF/PMI [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Disability Group/Primary Diagnosis:**

 [ ]  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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**­**

**If agency referral, name of agency/contact person and contact information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Referral Source:** **Education:**

[ ]  Self [ ]  Community Corrections Years of Education: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Family/Friend [ ]  Social Service Agency GED: [ ]  Yes [ ]  No

[ ]  Targeted Case Management [ ]  Hospital / Physician H.S. Diploma: [ ]  Yes [ ]  No

[ ]  Other Case Management [ ]  RCF/ICF College Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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**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:**  **Number of** **Hours worked weekly:**

**HAVE YOU APPLIED FOR ANY PUBLIC PROGRAMS listed below?**

(Please check those you have applied for and the status of your referral)

Has your application has been **[ ]** Approved or **[ ]** Denied. (If you appealed the denial, advise of the date of appeal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please advise if you have applied for reconsideration. Advise if you have had a hearing with an Administrative Law Judge and the date of the scheduled hearing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

[ ]  Social Security\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  SSDI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Medicare\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  SSI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Medicaid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  DHS Food Assistance \_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Veterans \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Unemployment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  FIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH INSURANCE Information:** (Check all that apply)

**PRIMARY Carrier** (pays 1st)  **SECONDARY Carrier** (pays 2nd)

[ ]  Applicant Pays [ ]  Medicaid [ ]  Family Planning only [ ]  Applicant Pays [ ]  Medicaid [ ]  Family Planning only

[ ]  Medicare A-B-D [ ]  Medically Needy [ ]  MEPD [ ]  Medicare A-B-D [ ]  Medically Needy [ ]  MEPD

[ ]  No Insurance [ ]  HAWK-I [ ]  IA Cares [ ]  No Insurance [ ]  HAWK-I [ ]  IA Cares

[ ]  Private Insurance (list below): [ ]  Private Insurance (list below):

Company Name \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_ \_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Policy Number: \_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (or Medicaid/Title 19 or Medicare Number) (or Medicaid/Title 19 or Medicare Number)

**What is the name and location of your current psychiatrist/therapist:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**What is the name and location of your current Pharmacy?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHERS IN HOUSEHOLD:**

|  |  |  |
| --- | --- | --- |
|  ***Name*** |  ***Date of Birth*** |  ***Relationship*** |
| **1.** |  |  |
| **2.** |  |  |
| **3.** |  |  |
| **4.** |  |  |
| **5.** |  |  |

![MC900411244[1]]()**This application will not be considered unless the following information is provided.**

**NOTICE:** Proof of income will be required with this application – a pay-stub(s) or tax-return will be required.

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

 (Check type & fill in amount) Amount: Amount:

[ ]  Social Security

[ ]  SSDI

[ ]  SSI

[ ]  Veteran’s Benefits

[ ]  Employment Wages

[ ]  FIP

[ ]  Child Support

[ ]  Workers Compensation

[ ]  Short-Term Disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Annuity Benefits

[ ]  Pension/RR Pension

[ ]  Other

 **Total Monthly Income:**

**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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**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Total Resources:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Motor Vehicles**: [ ]  Yes [ ]  No (include car, truck, motorcycle, boat,Recreational vehicle, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Make & Year:
 |  | Estimated value: |  |
| 1. Make & Year:
 |  | Estimated value: |  |
| 1. Make & Year:
 |  | Estimated value: |  |

**Do you, your spouse or dependent children own or are buying the following:**

[ ]  House including the one you live in [ ]  Any other real-estate or land [ ]  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes to any of the above, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

![MC900411244[1]]()**This application will not be considered unless the following information is provided.**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **CURRENT** Address City State County

 **Dates of Residency at this address (month/year):**  \_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_**to**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **PREVIOUS** Address City State County

 **Dates of Residency at this address (month/year):**  \_\_\_\_\_\_ \_\_\_\_ \_\_\_\_\_\_**to**  \_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **PREVIOUS** Address City State County

 **Dates of Residency at this address (month/year):**  \_\_\_\_ \_\_\_\_ \_\_\_\_\_\_\_**to**  \_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person:** (Case Manager, Social Worker, Case Worker, DHS IMW, Agency Staff, Etc.)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Interested person(s):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTICE: A COPY OF YOUR DRIVER’S LICENSE OR PHOTO ID IS REQUIRED WITH THIS APPLICATION**

As a signatory of this document, I certify that the above information is true and complete to the best of my knowledge, and I authorize Heart of Iowa Community Services staff to check for verification of the information provided including verification with Iowa county government and the state Iowa Dept. of Human Services (DHS) staff.

I understand that the information gathered in this document is for the use of an Iowa County in establishing my ability to pay for services requested, in assuring the appropriateness of services requested, and in confirming legal residence. 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**