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**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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**