COUNTY SOCIAL SERVICES APPLICATION

Today's Date: _____

Legal Name: _____ **DOB:** _____/_____/_____

Preferred Name: _____ **SSN:** _____--_____--_____ **U.S. Citizen?** ☐Yes ☐No

I identify my gender as: ☐ **Male** ☐ **Female** ☐ **Non-Binary** ☐ **Not listed:** _____

Pronouns: _____ **Are you under the care of a mental health professional?** ☐Yes ☐No

If yes, what is the name of your current provider? _____

If no, are you interested in having assistance finding a provider? ☐Yes ☐No

Current Address: _____ **County:** _____
Street Address City State Zip

When did you move to this address? _____/ _____ / _____ **Preferred phone number:** _____
Month Day Year

Residence Type: ☐ Private Residence ☐ Correctional Facility ☐ Homeless/Shelter ☐ 24-Hour Habilitation or Waiver Setting
☐ Foster Care/Family Life Home ☐ Residential Care Facility ☐ Other (Please Specify) _____

Previous Address: _____ **County:** _____
Street Address City State Zip

Begin Date _____/ _____ / _____ **End Date** _____/ _____ / _____
Month Day Year Month Day Year

Residence Type: ☐ Private Residence ☐ Correctional Facility ☐ Homeless/Shelter ☐ 24-Hour Habilitation or Waiver Setting
☐ Foster Care/Family Life Home ☐ Residential Care Facility ☐ Other (Please Specify) _____

Race_____ **Marital Status**_____ **Veteran?** ☐**Yes** ☐**No**

Health Insurance Information:

Primary Insurance (pays first)	**Secondary Insurance (pays second)**
☐ Iowa Health & Wellness ☐ Iowa Medicaid ☐ Medicare	☐ Iowa Health & Wellness ☐ Iowa Medicaid ☐ Medicare
☐ Private Third Party ☐ I do not have insurance	☐ Private Third Party
MCO or other Carrier Name: _____	MCO or other Carrier Name: _____
Medicaid State ID# or Policy#:_____	Medicaid State ID# or Policy#:_____

Level of Education: ☐ Currently in school ☐ None ☐ H.S. Diploma ☐ GED ☐ Associates ☐ Bachelors or higher

CURRENT EMPLOYMENT STATUS (if minor, this would be **parent/guardian** employment status)

_____ Unemployed
_____ Employed (Circle one) Full Time Part Time/Seasonal
_____ Student
_____ Supported Employment
_____ Prevocational Work Services
_____ Retired
_____ Other (please specify below) _____

Employer Name: _____ Hours/Week _____ Hourly Wage $_____

LIST ALL PEOPLE LIVING IN HOUSEHOLD: (must list dates of birth for dependents) Use back if more room needed

Name	**Relationship**	**Date of Birth**
_____	_____	_____ / _____ / _____
_____	_____	_____ / _____ / _____
_____	_____	_____ / _____ / _____
_____	_____	_____ / _____ / _____
_____	_____	_____ / _____ / _____

Are you waiting for a Social Security Disability determination? ☐No ☐Yes

Do you have a Social Security Representative Payee? ☐No ☐Yes **If yes, who is your payee?**

Name: _____ Phone #: _____

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Do you have a Legal Guardian? (Parent info if applicant is a minor) ☐No ☐Yes **If yes, who is your guardian?**

Name: _____ Phone #: _____

Who is your emergency contact?

Name: _____ Phone #: _____ Relationship: _____

*Note: Others in Household Income Amount should include whoever is claiming the applicant as a dependent on their tax return, if applicable.

GROSS MONTHLY INCOME (before taxes):	**Applicant Amount**	***Others in Household Amount**
Employment Wages	$_____	$_____
Social Security	$_____	$_____
SSI	$_____	$_____
SSDI	$_____	$_____
Veteran's Benefits	$_____	$_____
Child Support	$_____	$_____
FIP	$_____	$_____
Pension	$_____	$_____
Rental Income	$_____	$_____
Workers Compensation	$_____	$_____
Family/Friends	$_____	$_____
Dividends, Interest, Etc.	$_____	$_____
Other _____	$_____	$_____
TOTAL MONTHLY INCOME	$_____	$_____

HOUSEHOLD RESOURCES:	**Amount**	**Location**
Cash	$_____	_____
Checking Account	$_____	_____
Savings Account	$_____	_____
Stocks and Bonds	$_____	_____
Certificates of Deposit	$_____	_____
Life Insur. (cash value)	$_____	_____
Trust Funds	$_____	_____
Burial Contracts	$_____	_____
Recreational Vehicles	$_____	_____
Real Estate (non-residence)	$_____	_____
Other _____	$_____	_____
TOTAL RESOURCES	$_____	

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OUTCOMES ASSESSMENT

Housing : Are you residing in safe, affordable, accessible housing?	☐ Homeless	☐ In Placement	☐ Staying w/friends or family	☐ Housed	Safe? Yes☐ No ☐ Affordable? Yes☐ No ☐ Accessible? Yes☐ No ☐
Medical Care : How often do you see a primary care physician?	☐ Never	☐Less than once a year	☐ Once a year	☐ More than once a year	If never or less than once a year, why?
Employment : Are you successfully employed?	☐ Unemployed	☐ Pre-vocational	☐ Supported Employment	☐ Community Employment	Hourly Wage: $_____ Hours / Week _____
Community Integration : Are you participating in integrated community activities?	☐ Clubs/ Social Groups	☐ Church	☐ Community Activities/Events	☐ Volunteer	☐ Other : describe
Please complete if applicant is a minor or is an adult who is still in school: **Years of Education Completed: _____**					
School Attendance : I consistently attend school	☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree	
School Performance: I take responsibility for completing my school assignments	☐ Strongly Disagree	☐ Disagree	☐ Agree	☐ Strongly Agree	

I hereby attest that the information I have provided is true and I also give County Social Services permission to release this information to verify and/or communicate eligibility for the assistance requested. I also understand that this is a government document and I may be subject to prosecution if knowingly provide false information.

I also acknowledge I have been given a copy of the County Social Services Notice of Privacy Practices. _____
(please initial)

Applicant's (or Guardian's) Signature: X_____
(Application ***must*** be signed or witnessed and dated to be considered for assistance.)

Date: _____/_____/_____

For Staff Use Only

☐ Assisted with Iowa Health & Wellness Plan enrollment (if applicable)

What is the disability? (circle one) Mental Illness/SED Intellectual Disability Developmental Disability Brain Injury

If the individual self-reported a diagnosis, please list it here: _____

Primary Case Worker_____ (if this is blank, no case worker will be assigned in CSN)