REM IOWA COMMUNITY SERVICES & REM IOWA DEVELOPMENTAL SERVICES

SERVICE APPLICATION FORM FOR ID/DD/MH SERVICES

Date of Application: _____

REFERRAL TO REM IOWA

How did you become aware of REM Iowa services?

- ○ Family | Friend
- ○ Advertisement
- ○ REM Iowa website
- ○ The MENTOR Network website
- ○ Hospital
- ○ REM Employee
- ○ Other Provider
- ○ Case Manager | Care Coordinator
- ○ Other

If other, please document from whom/where: _____

APPLICANT INFORMATION

Applicant's Full Name: _____

When Desired: ○ Placement in Jeopardy ○ Next Available ○ Within six months ○ Within one year

If placement in jeopardy, indicate the date of discharge: _____

Current Address: _____

Telephone Number: _____

Birth Date: _____ Gender: ○ Male ○ Female Height: _____ Weight: _____ lbs.

Primary Diagnosis: ○ Intellectual Disability ○ Mental Health/Illness Autism Spectrum: ○ Yes ○ No

Personality Disorder: ○ Yes ○ No Schizophrenia or Schizoaffective Disorder: ○ Yes ○ No

Other Diagnosis: _____

LEGAL GUARDIANSHIP STATUS

Does this applicant have a guardian? ○ Yes ○ No

Name of Guardian: _____ Relationship: _____

FINANCIAL RESPONSIBILITY

Case Manager | Care Coordinator Name: _____

Telephone Number: _____ Email: _____

IME Determination Date: _____ Level of Care: _____

SERVICE(S) DESIRED

Type of Services Desired: ○ ICF/ID ○ 24-hour Waiver (Adult) ○ 24-hour Habilitation ○ Host Home**

○ Day Habilitation (*indicates available communities below) ○ Unknown

Communities desired:

1. Children ICF/DD (ID must be primary diagnosis): ○ Council Bluffs Only
2. Adult ICF/DD (ID must be primary diagnosis): ○ 1st Opening ○ Shelby ○ Washington ○ Coralville ○ Cedar Rapids | Marion | Hiawatha ○ No preference
3. Waiver Services:
   - ○ 1st Opening
   - ○ Atlantic
   - ○ Avoca
   - ○ Cedar Rapids |Marion| Hiawatha*
   - ○ Clinton
   - ○ Council Bluffs
   - ○ Davenport | Bettendorf
   - ○ Des Moines Area*
   - ○ Ft. Madison
   - ○ Harlan
   - ○ Iowa City|Coralville*
   - ○ Keokuk
   - ○ Marshalltown*
   - ○ Mason City
   - ○ Mt. Pleasant
   - ○ Mt. Vernon
   - ○ Shelby
   - ○ Tipton
   - ○ Vinton*
   - ○ Waterloo | Cedar Falls |Waverly
   - ○ No Preference
4. Other community (s): _____

**Host Home is a service where individuals live in private family homes and receive specialized assistance from a dedicated caregiver we call a Mentor.

History of Services

Residential/ in-home services (e.g. hourly services, 24-hour waiver, ICF/ID, nursing home, etc.)

Has the applicant always lived at home? ○ Yes ○ No

Service	Provider	Dates

Day/Vocational Services

Has the applicant ever been employed: ○ Yes ○ No At a day program? ○ Yes ○ No

Service	Provider	Dates

Referral History

Has the applicant ever been arrested? ○ Yes ○ No

If yes, provide: Date(s): _____
Reason(s): _____
Outcomes: _____

Does the applicant have a current court committal? ○ Yes ○ No

Has the applicant been accused/convicted of sexual abuse? ○ Yes ○ No

If yes, provide: Date(s): _____
Outcomes: _____

Has the applicant had any history of cruelty to animals? ○ Yes ○ No

If yes, provide: Date(s): _____
Outcomes: _____

Has the applicant attempted suicide or had suicidal ideations? ○ Yes ○ No

If yes, provide: Date(s): _____
Outcomes: _____

Has the applicant had any history of fire setting? ○ Yes ○ No

If yes, provide: Date(s): _____
Outcomes: _____

Has the applicant had any history of cutting self, swallowing or insertion of foreign objects or strangulation? ○ Yes ○ No

If yes, provide: Date(s): _____
Outcomes: _____

Has the applicant had physical aggression that required physical, mechanical or chemical restraint via injection over the past 12 months? ○ Yes ○ No

FAMILY INFORMATION

Mother's Name (first & last): _____
Address: _____
Home Telephone #: _____ Work Telephone #: _____
Email Address: _____

Father's Name (first & last): _____
Address: _____
Home Telephone #: _____ Work Telephone #: _____
Email Address: _____

Sibling's Full Name(s) (first & last): _____

Significant Other Name (first & last): _____
Address: _____
Home Telephone #: _____ Work Telephone #: _____
Email Address: _____

APPLICANT'S FINANCIAL INFORMATION

Receive Financial Assistance: ○ Yes ○ No
If yes, type: SS (Social Security) SSI (Supplemental Social Insurance)
VA (Veteran's Benefits) Child Support Adoption Subsidy Other
If other, document type: _____

Does applicant have Title 19? ○ Yes ○ No

Funding Source? ○ Amerigroup ○ IME Fee for Service ○ Optum ○ United Health ○ N/A

Does applicant have Waiver funding? ○ Yes ○ No

Does applicant have Habilitation funding? ○ Yes ○ No

ID Waiver Tier Assignment? _____ Date of last SIS Assessment? _____

Does applicant have private insurance? ○ Yes ○ No

Does applicant have other income (trust fund, etc.)? ○ Yes ○ No

APPLICANT'S HEALTH/MEDICAL INFORMATION

Current Medication(s) or can attach current medication orders or record:

Name	Dose	Frequency	Reason for Taking	Prescribed By

Physical disabilities that require the use of adaptations (e.g. AFOs {braces}, orthopedic shoes, cane, walker, wheelchair, etc.) ○ Yes ○ No

If yes, list adaptive equipment: _____

Seizures: ○ Yes ○ No History of

If yes or history of, describe type and frequency: _____

Vision Problems: ○ No ○ Yes – correctable with glasses ○ Yes – but chooses not to wear glasses ○ Yes - uncorrected ○ Blind Comments: _____

Hearing Problems: ○ No ○ Yes – correctable with hearing aides ○ Yes – but chooses not to wear hearing aides ○ Adapt by others speaking louder ○ Deaf

Comments: _____

Skill Checklist: (please check items which best describe applicant)

BEHAVIOR	Consistently	Sometimes	Never	Comments
Becomes upset when redirected/corrected	○	○	○	
Demands excessive attention from others	○	○	○	
Complains of being persecuted	○	○	○	
Pretends to be ill	○	○	○	
Changes mood without reason	○	○	○	
Bosses or manipulates others	○	○	○	
Hyperactive	○	○	○	
Hoards things	○	○	○	
PICA (eats inedible objects) (if displays, list items in comments)	○	○	○	
Self stimulation	○	○	○	
Self injurious behavior	○	○	○	
Verbally aggressive	○	○	○	
Physically aggressive toward others	○	○	○	
Physcially aggressive toward objects	○	○	○	
Displays sexually inapprorpriate behavior	○	○	○	
Removes clothing in public	○	○	○	
Tears clothing	○	○	○	
Steals other's belongings	○	○	○	
Elopes / runs away from home	○	○	○	
Uses tobacco	○	○	○	
Uses alcohol	○	○	○	
Uses other drugs	○	○	○	

Leisure Activities

Interests: _____

Hobbies: _____

Dislikes: _____

Closing

The information we have asked you to provide is necessary for the effective administration of the services for which you are applying. The information collected will only be used by authorized agency personnel. Use of this information for purposes other than expressed herein will not occur without your prior written approval, unless such other use is specifically authorized by law.

Attach any of the following materials that may be helpful in determining eligibility for service:

- Most recent psychological evaluation
- Most recent education and/or vocational report
- Most recent progress reports or plan of care
- Physical and/or specialty medical examinations
- Other Documentation that you feel would be helpful

Completed by:

Applicant Name: _____ Date: _____

Case Manager Name: _____ Date: _____

Parent/Guardian Name: _____ Date: _____

Name/Title: _____ Date: _____

Please return form to: REM Iowa (please check website for current contact information @ www.remiowa.com) or send to REMIowaReferral@thementornetwork.com