POWESHIEK COUNTY CASE MANAGEMENT
APPLICATION FOR SERVICES AND SUPPORTS

CONSUMER: _____ SS#: _____

ADDRESS: _____

PHONE #: _____ D.O.B: _____

_____ _____
CONSUMER DATE GUARDIAN DATE

ELIGIBILITY DETERMINATION

(MR ONLY)

PSYCHOLOGICAL EVALUATION: _____ DATE: _____

RESULTS: _____

COMPLETED BY: _____

(MR & DD)

ADAPTIVE ASSESSMENT: _____ DATE: _____

RESULTS: _____

COMPLETED BY: _____

(CMI ONLY)

PSYCHIATRIC DIAGNOSIS: _____

PSYCHIATRIC TREATMENT, MORE INTENSIVE THAN OUTPATIENT; RECEIVED CONTINUOUS STRUCTURED RESIDENTIAL SERVICES MORE THAN ONCE IN LIFE TIME:

_____

REQUIRES ASSISTANCE IN TWO OR MORE OF THE FOLLOWING AREAS: VOCATIONAL, FINANCIAL, SOCIAL, BASIC LIVING, OR BEHAVIOR (DESCRIPTION):

_____

_____

_____

_____

ELIGIBLE: YES _____ NO _____ SERVICE REQUESTED: _____

_____

ACCEPTANCE DATE: _____ _____
CASE MANAGER DATE

(Revised 6/01)