

Fee set @ _____

Date _____

POWESHIEK COUNTY MH/DD SERVICE FUND
APPLICATION FORM

Application Date: _____

Recertification: _____ **New:** _____

Name: _____ **Phone number:** _____
Last First MI

Current Address: _____
Street/P.O. Box #

City State Zip County

Date you moved to this address: _____

County of legal settlement, to be completed only by county staff.

Social security number: _____ **State ID #:** _____

Sex: Male Female **Birth date:** _____

Ethnic background (circle one): Unknown White African American
(optional) Native American Asian Hispanic Other

Do you have a guardian, payee, or conservator? Yes No

Legal guardian protective payee conservator
(check any that are legally appointed and complete the section below)
Name: _____
Address: _____
Phone number: _____

Legal guardian protective payee conservator
(check any that are legally appointed and complete the section below)
Name: _____
Address: _____
Phone number: _____

Veteran: Yes; No

Marital Status (Circle one): single, never married; married; divorced; separated; widowed
Legal Status: voluntary; involuntary, civil; involuntary, criminal; unknown
Living arrangements: homeless; alone; with relatives; with unrelated individuals

Residential Arrangement:
1. Private residence 8. RCF/PMI
2. State MHI 9. ICF
3. State Hospital School 10. ICF/MR
4. Supported Comm Living 11. ICF/PMI
5. Foster Care/FLH 12. Corectional Facility
6. RCF 13. Homeless/shelter/street
7. RCF/MR 14. Other

Applicant's Primary Diagnosis
 40 Mental Illness _____
 41 Chronic Mental Illness _____
 42 Mental Retardation _____
 43 Developmental Disability _____
 Other: _____

Referral source [circle applicable]: self family/friend case manager Other
Community corrections Social service agency

Education: GED Yes No; High school diploma Yes No
Years of education _____ Degree: _____

Employment Status: unemployed, but available/interested in work unemployed, unavailable to work

Employed – fulltime employed – part time -- where? _____

Retired Student Armed Forces homemaker Other _____

Additional Benefits:

Have you applied for any of the following benefits?

- Unemployment Compensation Social Security Disability
 SSI FIP (ADC)

What is the status of any such application?

- Approved, but no benefit received yet Denied Pending

Health Insurance Information

Primary Carrier (pays 1st)

Secondary Carrier (pays 2nd)

Title 19 Medicare Private insurance MEPD
 thru employer spend-down NONE

Company name _____

Address _____

Policy Number (or T19 #): _____

Title 19 Medicare Private insurance MEPD
 thru employer spend-down NONE

Company name _____

Address _____

Policy Number (or T19 #): _____

Others in household:

Name	relationship	birth date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly income:

	applicant amount	other's in household amount
<input type="checkbox"/> wages	_____	_____
<input type="checkbox"/> public assistance	_____	_____
<input type="checkbox"/> Social Security	_____	_____
<input type="checkbox"/> SSDI	_____	_____
<input type="checkbox"/> SSI	_____	_____
<input type="checkbox"/> Veteran's benefits	_____	_____
<input type="checkbox"/> railroad pension	_____	_____
<input type="checkbox"/> child support	_____	_____
<input type="checkbox"/> dividends, interest, etc.	_____	_____
<input type="checkbox"/> other	_____	_____

Resources:

Type	Amount	Location
<input type="checkbox"/> Cash	_____	_____
<input type="checkbox"/> Checking account	_____	_____
<input type="checkbox"/> savings account	_____	_____
<input type="checkbox"/> certificates of deposit	_____	_____
<input type="checkbox"/> trust funds	_____	_____
<input type="checkbox"/> life insurance (cash value)	_____	_____
<input type="checkbox"/> stocks and bonds	_____	_____
<input type="checkbox"/> burial fund/trust	_____	_____
<input type="checkbox"/> other resources	_____	_____
<input type="checkbox"/> vehicle	value: _____	make/model/year: _____
<input type="checkbox"/> real estate	value: _____	location: _____

