1570 42nd Street NE, St8
Iowa City, IA 52402
(651)424-9993

Initial Application for Services

Today's Date: **Person Completing Application:**

(Applicant) Full Name: **DOB:** **Medicaid ID:** **Male/Female:**

Current Address: **City:** **State:** **Zip Code:** **Phone:** **Email**:

How did you hear about NEEMA Corporation?

If services are needed to begin by a certain date, please indicate when:

Please check service(s) applying for:

A. Supported Community Living Services
Children's residential services
Adult residential services

C. Respite
Child hours per month
Adult hours per month

B. Elderly Services
Respite hours per month
Adult hours per month__

D. Day Programming

Funding for Services:
Has funding in place; On a waiting list; Applying for funding; None

Funding (check one): HCBS/Waiver:(Intellectual Disability: Brain Injury;
Other) 100% Region Funded: Private Pay:
Other funding

Managed Care Organization:

Primary Disability (Degree and Type):
Other Diagnoses:

CONTACT INFORMATION

Case Manager/Care Coordinator: Phone: : Email: Address: City:
State: Zip:

Family Contact: Phone: : Email: Address: City: State: Zip:

SERVICE NEEDS

Accessible housing needed: Yes No **Ambulatory: Yes No**

Special Devices Used (Wheelchair, braces, walker, orthopedic shoes, splints, canes, alarms etc.)
Please list:

Primary language and method of communication:

Unsupervised by staff:
In the Home: **Y** **N** If yes, how long?
In the Community: **Y** **N** If yes, how long?
Please explain amount of supervision necessary and why:

Could applicant live with: Cat? **Y** **N** Dog? **Y** **N** If no, explain:

Expectations of services:

COMMUNTIY AGENCIES INVOLVED
(Service Providers, VNA, etc):

If current supported living provider, reason for seeking change in service provider:

Agency Name: Contact:_ Phone:

Involved with applicant from: to**:** Services provided**:**

Agency Name: Contact: Phone:

Involved with applicant from: to**:** Services provided**:**

FINANCIAL AND LEGAL INFORMATION

Do you have a payee? Yes **No**
Would you be interested in Systems Unlimited Payee services? **Yes** **No**

Do you currently have Medicaid Insurance? Yes **No** Medicaid number

Social Security Number:

If applicable, who has legal custody or guardianship? Mother Father Both Parents Other No Guardian

If other than parents, please specify: Name: Relationship: _Address: Phone: Email:

MEDICAL INFORMATION

Current Medications:

Medication:	Dose:	Frequency:	Reason for medication:
Medication:	Dose:	Frequency:	Reason for medication:
Medication:	Dose:	Frequency:	Reason for medication:
Medication:	Dose:	Frequency:	Reason for medication:
Medication:	Dose:	Frequency:	Reason for medication:
Medication:	Dose:	Frequency:	Reason for medication:
Medication:	Dose:	Frequency:	Reason for medication:

Psychiatrist/Psychologist: Date of Last Exam:
Phone: Email: Address: City: State: Zip:

Have you been hospitalized in the last 5 years? Yes No If yes, please explain:

Have you ever received any mental health services? Yes No If yes, please explain:

Diet: Are you on a special diet? **Yes No** If yes, please explain:

Seizures: Do you have seizures? **Yes No**
Date of last seizure: Frequency of seizures: Describe typical seizure activity:

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EDUCATIONAL HISTORY

Current or Last School: Phone: Email: _Address: City: State: Zip:

High School Graduate? **Yes No** IEP? **Yes No**

VOCATIONAL / EMPLOYMENT HISTORY

Employer/Agency: Phone: Email: Address: City: State: Zip:

Employed From: To: Job Responsibilities: Reason for Leaving:

ASSESSMENT OF SKILLS/NEEDS

(Include prompts/supports needed)

Eat Independently: Yes No Comment(s):
Dress Independently: Yes No Comment(s):
Conduct Hygiene Independently: Yes No Comment(s):
Toilet Independently: Yes No Comment(s):
Independent in Medication Administration: Yes No Comment(s):
Sleeps through the night: Yes No Comment(s):
Assistance through the night: Yes No Comment(s):
Household Maintenance Independently: Yes No Comment(s):
Community Transportation Independently: Yes No Comment(s):
Interacts with Peers: Yes No Comment(s):
Has a Significant Other: Yes No Comment(s):
Displays self injurious behaviors: Yes No Comment(s):
Mistreatment of Property: Yes No Comment(s):
Aggressive to Others: Yes No Comment(s):
Displays Sexual Inappropriate Behavior: Yes No Comment(s):
Sexual Offender: Yes No Comment(s):
Elopes from Home or Work: Yes No Comment(s):
Arrest Record: Yes No Comment(s):
History of Substance Abuse: Yes No Comment(s):
Other Comment(s):