HORIZONS UNLIMITED
APPLICATION FOR SERVICES

PLEASE CHECK SERVICES REQUESTED:

_____ Training Center
_____ Community Employment
_____ Home & Community Based Services
_____ RCF-MR Group Home/Waiver
_____ SCL Program
_____ Habilitation Waiver
_____ Will Live at Home

Proper Name: ______________________________
Nickname: ______________________________
Middle Name/Initial: ______________________________
Last Name: ______________________________
Address: ______________________________
City/State: ______________________________
Zip: ______________________________
Telephone: ______________________________
Work Phone No: ______________________________
Emergency Contact: ______________________________

Date of Birth: ______________________________
Marital Status: Married Single Divorced
(Please Circle One)
Current Living Arrangement: ______________________________
County of Legal Settlement: ______________________________
Social Security No.: ______________________________
Sex: M F (Please Circle One)
Birthplace: ______________________________
Father's Name: ______________________________
Mother's Maiden Name: ______________________________

	Yes	No	Name	Address
Legal Guardian:	_____	_____		
Conservator:	_____	_____		
Payee	_____	_____		

FINANCIAL RESOURCES

Social Security $__________
V.A. Benefits $__________
Earnings $__________
*Savings Accounts $__________
*Life Insurance Policies $__________

SSI $ __________
*Railroad Retirement Benefits $ __________
*Other Assistance $ __________
*CD's, Burial Funds, Trusts $ __________

*This information needed for SSA Pre-Application Form

Health Insurance: ______________________________
Medicare No: ______________________________
DHS Case No: ______________________________

Title XIX Number: ______________________________
Medicaid No. ______________________________

Medical Concerns: ______________________________

Do you have seizures?: ______________________________
Current medications and dosages: ______________________________

Are you currently involved with other agencies? Contact Person/Phone No.

DHS (Department of Human Services)	__________	__________
DVRS (Department of Voc. Rehab. Services)	__________	__________
Mental Health Center	__________	__________
Other	__________	__________

ASSISTANCE IS NEEDED IN WHICH OF THE FOLLOWING AREAS OF INDEPENDENT LIVING?

	YES	NO	UNCERTAIN
Meal Planning/Cooking	_____	_____	_____
Housekeeping	_____	_____	_____
Personal Care/Grooming	_____	_____	_____
Laundry/Clothing Care	_____	_____	_____
Management of Personal Finances	_____	_____	_____
Transportation/Community Mobility	_____	_____	_____
Medication Administration/Health	_____	_____	_____
Socialization/Leisure Time	_____	_____	_____
Referred to Additional Services	_____	_____	_____

Explain briefly any that are marked "Yes" or "Uncertain"

The following information is necessary prior to finalizing admission to our program. These reports should be included with this application, if available.

	Reports Enclosed Yes	No
A. Medical report including physical exam done within past year	______	______
B. TB test done within past year (residential programs only)	______	______
C. Dental report with exam done within past year (residential programs only)	______	______
D. Most recent psychological and/or psychiatric report	______	______
E. Social history	______	______
F. Reports from other agencies/programs	______	______
G. Proof of legal guardianship (if applicable)	______	______
H. Copy of birth certificate/Social Security card	______	______
I. Photo ID (optional)	______	______

EDUCATIONAL BACKGROUND:

Schools Attended: ____

What are the goals you have set for yourself for the future?:

Is there anything not covered on this application form that you think is important for the Work Activity Center to know?

Please return to: Attn: Kate Simonson
Horizons Unlimited
P.O. Box 567
Emmetsburg, IA 50536

Telephone: (712) 852-4722
FAX: (712) 852-4800
E-mail: katesimonson@horizons-unlimited.net

Social History

Prepared By: **Date:**
Case Manager Concurrence:
Information Sources:

IDENTIFYING DATA

Name:	**Date of Birth:**
Gender:	**Place of Birth:**
Co. of Legal Settlement:	**Ethnic Origin:**
Soc. Sec. Number:	**Marital Status:**
Address:	**Date Entered Program:**

FAMILY INFORMATION

RELATIONSHIP	NAME	LIVING / DECEASED	INVOLVEMENT

Family History -
Describe in narrative style the relationships the individual has with family members, significant others and other support systems:

Behavioral History -
Describe in narrative style typical behaviors for the individual. Include any unusual or deviant behaviors:

Mental History -

Diagnosis:

Axis I:

Axis II:

Axis IV:

Axis V:

Onset of Disability:

Hospitalizations:

Family History of Mental Illness:

Medical History -

Diagnosis:

Allergies:

Prosthesis (Glasses, Dentures, Aids, Limbs):

Special Diet Needs:

Physical Disabilities:

Summary of Medical Condition:

Substance Abuse History -

Describe in narrative style any past or present problems with substance abuse. (If there is none, state "none".):

Abuse History -

Describe in narrative style the domestic violence, sexual, physical or emotional abuse suffered by the individual. (If there is none for a specific area, make that statement.):

Sexuality History -

Describe in narrative style any past or present issues concerning sexual deviancy or sexual behaviors that create areas of concern for a service provider:

Cultural History -

Describe in narrative style any relevant culture factors. This includes ethnic, religious and socioeconomic background:

Developmental History -

Describe in narrative style any relevant childhood developmental problems:

Psychosocial History -

Describe in narrative style any relevant information regarding the following areas: academic history, military service, competitive employment, volunteer work, etc.:

Legal History -

Describe in narrative style all involvement with the legal system. This includes guardianship, conservatorship, payee, arrests, convictions, lawsuits, involuntary commitments, etc. Reference any court documents and where they are located:

Environmental / Recreations / Social History -

Describe hobbies and favorite leisure activities. Include the individual's level of involvement in these activities:

Past Living History -

Describe in narrative style any or all past living arrangements:

Service History -

List each service received in chronological order. Include vocational, mental health and residential. Use beginning and end dates. Include whether or not the service was successful:

Comments -

Include recommendations for future services: