

**HORIZONS UNLIMITED
APPLICATION FOR SERVICES**

PLEASE CHECK SERVICES REQUESTED

Community Employment
 Community Life Engagement (Day Hab)

Residential Services:
 RCF/ID Group Home
 Apartment
 Will live at home

Current Funding: HCBS Waiver | Habilitation | NWIACC | IVRS | No funding

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	\$ _____	SSI	\$ _____
V.A. Benefits	\$ _____	*Railroad Retirement Benefits	\$ _____
Earnings	\$ _____	*Other Assistance	\$ _____
*Savings Accounts	\$ _____	*CDs, Burial Funds, Trusts	\$ _____
*Life Insurance Policy	\$ _____		

*This information needed for SSA Pre-Application Form

Health Insurance: _____ Title XIX Number: _____
 Medicare No: _____ Medicaid No: _____
 DHS Case 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)	_____	_____
IVRS (Iowa Vocational Rehabilitation Services)	_____	_____
Mental Health Center	_____	_____
Other	_____	_____

Social History

Prepared By:

Date:

Case Manager Concurrence:

Information Sources:

IDENTIFYING DATA

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

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:

Social History
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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:

Social History

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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.:

Social History

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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: