HORIZONS UNLIMITED APPLICATION FOR SERVICES

Comr	nunity Employment nunity Life Engagem		Residential Se RCF/II Apartm Will liv	O Group Home nent		
Current Funding:	_ HCBS Waiver	_ Habilitation	_ NWIACC IV	RS No funding		
Proper Name:			Date of Birth:			
				ed Single Divorced		
Middle Name/Initial:			(Please Circle One)			
Last Name:			Current Living Arrangement:			
Address:			County of Legal Settlement:			
City/State:			Social Security No.: _			
Zip:				Sex: M F (Please Circle One)		
			Birthplace:			
Work Phone No:			Father's Name:			
	• •		Mother's Maiden Nar	me:		
Legal Guardian: Conservator:	Yes No	Name		Address		
Payee:						
		FINANCIAL I	RESOURCES			
Social Security	\$	SSI		\$		
V.A. Benefits	\$	*Railr	*Railroad Retirement Benefits \$			
Earnings	\$	*Othe	*Other Assistance \$			
_	*Savings Accounts \$ *CDs,		Burial Funds, Trusts \$			
*Life Insurance Poli		-	,	·		
	eeded for SSA Pre-A	pplication Form				
			XIX Number:			
			Medicaid No:			
Medical Concerns:						
D 1 '	0					
Do you have seizure	es ?:					
Current medications	and dosages:					
Are you currently in	wolved with other ac	encies? Conto	ct Person	Phone No.		
Are you currently involved with other agencies? Conta DHS (Department of Human Services)		Ct I CISUII	i none ivo.			
	onal Rehabilitation So	ervices)				
Mental Health Cent						
Other	∪1					

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		<u></u>			
Transportation/Community Mobility					
Medication Administration/Health					
Socialization/Leisure Time					
Referred to Additional Services					
Explain briefly any that are marked "Yes"	or "Uncer	rtain"			
The following information is necessary prior should be included with this application, if av		g admission to	o our program.	These reports Reports Enclosed Yes	No
A. Medical report including physical exam d	one within	past vear		100	1,0
B. TB test done within past year (residential					
C. Dental report with exam done within past			ns only)		
D. Most recent psychological and/or psychia		1 0	3 /		
E. Social history	1				
F. Reports from other agencies/programs					
G. Proof of legal guardianship (if applicable))				
H. Copy of birth certificate/Social Security c					
I. Photo ID (optional)					
EDUCATION	ONAL BA	CKGROUNI):		
Schools Attended:					
What are the goals you have set for yourself to	for the futur	re?:			

Is there anything not covered on this application form that you think is important for us to know?

Please return to: Attn: Kate Simonson

Horizons Unlimited

P.O. Box 567

Emmetsburg, IA 50536

Telephone: (712) 852-2211 ext 603

FAX: (712) 852-4800

E-mail: KateSimonson@horizons-unlimited.net

Social History

Prepared By: Case Manager Concurre Information Sources: IDENTIFYING DATA	nce:	<u>Dat</u>	e <u>:</u>	
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	ON			
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 Page 2	
Mental History - Diagnosis:	
Axis I:	
Axis II:	
Axis IV:	
Axis V:	
Onset of Disability:	
Hospitalizations:	
Family History of Mental Illness:	
<u>Medical History -</u> <u>Diagnosis:</u>	
Allergies:	
Prosthesis (Glasses, Dentures, Aids, Limbs):	
·	
Special Diet Needs:	
Physical Disabilities:	
· ————	
Summary of Medical Condition:	

Social History Page 3
Substance Abuse History - Describe in narrative style any past or present problems with substance abuse. (If there is none, state "none".):
<u>Abuse History -</u> <u>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.):</u>
<u>Sexuality History -</u> <u>Describe in narrative style any past or present issues concerning sexual deviancy or sexual behaviors that create areas of concern for a service provider:</u>
<u>Cultural History</u> - <u>Describe in narrative style any relevant culture factors. This includes ethnic, religious and socioeconomic background:</u>
<u>Developmental History -</u> <u>Describe in narrative style any relevant childhood developmental problems:</u>
<u>Psychosocial History -</u> <u>Describe in narrative style any relevant information regarding the following areas: academic history, military service, competitive employment, volunteer work, etc.:</u>

Social History Page 4
<u>Legal History</u> - <u>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:</u>
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: