# HORIZONS UNLIMITED APPLICATION FOR SERVICES

PLEASE CHECK SERVICES REQUESTED Community Employment	Residential Services:		
Community Life Engagement (Day Hab)	RCF/ID Group Home Apartment		
Community Life Engagement (Day Hab)	Will live at home		
	will live at nome		
Current Funding: HCBS Waiver   Habilitation	NWIACC   IVRS   No funding		
Proper Name:	Date of Birth:		
Nickname:			
Middle Name/Initial:	(Please Circle One)		
st Name: Current Living Arrangement:			
Address:	County of Legal Settlement:		
City/State:			
Zip:			
Telephone:	Birthplace:		
Vork Phone No: Father's Name:			
Emergency Contact:	Mother's Maiden Name:		
Yes No Nar	ne Address		
Legal Guardian:			
Consomyotom			
Payee:			
FINANCIA	L RESOURCES		
V.A. Benefits \$ *Ra	ilroad Retirement Benefits \$		
Earnings	her Assistance \$		
*Savings Accounts \$ *CI	Burial Funds, Trusts \$		
*Life Insurance Policy\$			
*This information needed for SSA Pre-Application Form	n		
Health Insurance: MCO Group No:			
Medicare No: Med	dicaid No:		
Medical Concerns:			
Do you have seizures?			
Do you have seizures?:			
Current incurcations and dosages.			
Are you currently involved with other agencies? Contact Person Phone No.			
DUS (Department of Human Services)			
IVRS (Iowa Vocational Rehabilitation 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	n. 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 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:	ence:	<u>D</u> at	e:
IDENTIFYING DATA		Date of Birth:	
Name:		Date of Dirtif:	
Gender:		Place of Birth:	
Co. of Legal Settlement:		Ethnic Origin:	
Soc. Sec. Number:	oc. 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:
Medical History -
<u>Diagnosis:</u>
Allergies:
Durathesia (Classes Dontunes Aide Limbs).
<u>Prosthesis</u> (Glasses, Dentures, Aids, Limbs):
Special Diet Needs:
Dissert of Disserting and
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>
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:
<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:
<u>Comments -</u> <u>Include recommendations for future services:</u>