Application for Services

Using your secure email system, submit completed application to admissions@candeoiowa.org.

Note: Incomplete applications may not be reviewed.

Date of Application _____

Applicant First name _____ Middle_____ Last_____

Gender ☐ Male ☐ Female ☐ Non-binary ☐ Other ☐ Unknown ☐ Prefer not to disclose

Preferred Name/Pronouns _____ Race _____

Street Address _____

City_____ State_____ ZIP_____ County _____

Phone _____ Date of Birth _____

Social Security Number _____ Medicaid Number _____

Is applicant their own guardian? ☐ Y ☐ N If no, guardian name:_____

Guardian Street Address _____ Email _____

City _____State_____ ZIP _____ County _____

Phone (home) _____ (work) _____ (cell) _____

Please check the services desired and level of service from Candeo

ID Waiver

- ☐ SCL Daily – Traditional ..... _____Tier
- ☐ SCL Daily – Host Home ..... _____Tier
- ☐ SCL Hourly/Intermittent ..... _____ Requested hours per week or month
- ☐ Employment - Job Coaching ..... _____ Hours per week or month
- ☐ Employment – Job Development

BI Waiver

- ☐ SCL Daily – Host Home
- ☐ SCL Hourly/Intermittent ..... _____ Requested hours per week or month
- ☐ Employment - Job Coaching ..... _____ Hours per week or month
- ☐ Employment – Job Development

Home Based Habilitation

☐ Home Based Habilitation..... _____ Tier

☐ Employment - Job Coaching ..... _____ Hours per week or month

☐ Employment – Job Development

Funding Source

☐ Wellpoint ☐ Iowa Total Care ☐ Molina ☐ District/DAP ☐ Fee For Service/HIPP

Does the client have an open Voc. Rehab (IVRS) case? ☐ Yes ☐ No

Assigned IVRS Counselor and Contact information _____

Is this client Money Follows the Person (MFP) ☐ Yes ☐ No

MEDICAL

Primary Disability _____ Date of onset _____

Secondary Disability _____ Date of Onset _____

FINANCIAL

Benefits (**list amount received each month – this is for matching with an affordable home**)

SSI $_____ SSDI $_____ Food Stamps $_____ TANF $_____

Housing Asst (section 8) $ _____ Veteran Benefits $ _____

Work Comp $_____ Other $_____

Host Home – Complete these items to apply for Host Home Daily Services.

If considered for admission, additional information will be requested to determine a match with a provider. The Client Matching Information form will be forwarded to you at that time.

Does this apply to the client?	Yes	No
Justice involvement (has a criminal record and/or is still dealing with probation, fines, or any legal consideration)	☐	☐
Seizure disorder	☐	☐
Will live with children (ages?) If yes, ages....	☐	☐
Is a smoker?	☐	☐
Will live with a smoker?	☐	☐
Has a pet?	☐	☐
Will live with a pet?	☐	☐
Needs a wheelchair/walker accessible home?	☐	☐
Has accessibility needs (not wheelchair – for example – only a few stairs, or needs a walk-in shower or shower chair)	☐	☐
Does the client have any cultural preferences for provider matching?	☐	☐

Client would prefer to live in (pick all that apply)	Yes	No
City of Des Moines	☐	☐
Anywhere in Polk County	☐	☐
NW Greater Des Moines metro	☐	☐
SW Greater Des Moines metro	☐	☐
NE Greater Des Moines metro	☐	☐
SE Greater Des Moines metro	☐	☐
No preference	☐	☐
Other:	☐	☐

IRS – Complete these items to apply for Intensive Residential Services

of psychiatric hospital days in the last 12 months _____

# of emergency room visits related to psychiatric diagnosis in the last 12 months _____

# of correctional facility or county jail days in the last 12 months _____

LOCUS score _____

Is this client HAB funded ☐ Yes ☐ No

Does this client currently have IRSH funding ☐ Yes ☐ No

CSN ID: _____

REFERRAL

Referral Source _____

Case manager _____

Case Manager Street Address _____

City_____ State_____ ZIP_____ County _____

Phone _____ Email _____

Other individuals you want involved on your team _____

Person filling out form _____

Using secure email, please send the following documents to admissions@candeoiowa.org.

Once the documentation has been received along with the completed application, the Admissions Coordinator or Candeo representative will contact all parties to schedule an initial interview:

All Applicants - Required

Case Management _____ **Service Coordination** (please identify current program)

- ☐ Case Management plan / Service Management plan (including TCM Assessment)
- ☐ Guardianship documents (if applicable)
- ☐ Social History
- ☐ Level of Care Assessment (ICAP, Locus, InterRAI, SIS-if applicable, CASH)
- ☐ Behavior support plans and/or Behavior modification plans (if applicable)
- ☐ WRAP and/or Crisis Plan (if applicable)
- ☐ Psychological Evaluation (if applicable)

Other documents that may be requested

- ☐ Client Host Home Matching Information form (**required for Host Home applications**)
- ☐ General medical / physical examination completed within the last 12 months
- ☐ Current up to date list of all medical practitioners
- ☐ Copy of Social Security Card and insurance card

Note: Incomplete applications may not be reviewed.

By submitting this application and accompanying documents, you, the client, and client's guardian (if applicable), authorize review of this information by the Candeo Admission Committee.