



**Our Mission:**

**To inspire our clients to achieve their personal goals.**

**Our Vision:**

**A community empowered by the contributions of all.**

# Application for Services

**Our Values:**

**Self-Worth, Dignity & Respect**  
**Inherent Potential**  
**Rights & Responsibilities**  
**Life-Long Learning**  
**Independence**  
**Self-Determination**

*Candeo affirms the Universal Declaration of Human Rights found at:  
<http://www.humanrights.com/what-are-human-rights/universal-declaration-of-human-rights/preamble.html>  
or by requesting a copy from the Candeo admissions staff.*

## APPLICATION PROCEDURE

***Our agency/site does not and shall not discriminate against clients on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.***

1. Complete Request for Services Form
2. Submit all additional documents as required on Request for Services Form
3. The Admission Representative will conduct an initial interview with the Applicant, Guardian /Advocate and Case Manager.
4. Interview information and application materials will be shared with the Admissions Committee who will review the information within 5 business days. The Admissions Committee will take into account the information presented and decide on one of the following:
  - a. Accepted for waitlist/coordination of services
  - b. A call for review or clarification of problematic issues
  - c. Not accepted for services
5. The Admissions Administrator will communicate (in writing) the decision to the applicant, referral source, and P/G/A (when applicable) within 10 days of the decision.

**Referral List:** All applicants interviewed and reviewed for acceptance will be placed on an internal referral list until appropriate funding, staff base, and if applicable, housemate and living situation is established. Applicants will be moved from the referral list to coordination of services based on need and confirmation of appropriate funding, staff base, and if applicable, housemate and living situation. Timeframe an applicant will be on referral list will be determined by emergent need, number of qualified applicants, funding, staff base and living situation and NOT by date of application/interview. Due Subject to complex service needs, Candeo does not maintain a waitlist for Intensive Residential Service Home (IRSH) services.

6. Upon moving from the referral list to coordination of services, the new client will be assigned a Service Manager who will begin the process for client services and determine the date to begin services.
7. An applicant not accepted may re-apply as conditions warrant. Reapplication must include documented evidence that the issues cited for non-acceptance have been resolved.
8. The referral source, applicant or P/G/A (when applicable) may appeal in accordance with Policy #622 – Appeals.

## **Admissions Criteria**

### **A. For All Applicants**

- a. The applicant must be requesting community-based services
- b. The applicant and their guardians (if applicable) must accept the risks associated with community-based services.
  - i. Employment Services– once client obtains a job and is working in the community, they must have approved alone time while at work. This alone time may vary by client and will be based on the level of support that the client needs.
- c. The applicant, family and/or guardian must be willing to cooperate with Candeo for purpose of programming and care.
- d. The applicant must be willing and able to follow all Doctor's orders (dietary, medication administration, etc.) with supervision or prompting (as needed).
- e. The applicant must have the following in place before starting services:
  - i. be his / her own payee, or have an assigned payee in service area, external to any Candeo affiliate
  - ii. have Primary Care Physician and Psychologist appointments set up within 30 days of starting services with Candeo
  - iii. have an assigned case manager in the service area region
- f. The applicant must not be involved in illegal alcohol use, alcohol abuse or illegal drug use and must be actively involved and attend as required by the program a Substance Abuse program or support. Failure to remain in active treatment and free of use/abuse may be cause for discharge. IRSH applicants who engage in illegal alcohol use, alcohol abuse or illegal drug use must participate in active treatment. Any limitation or prohibition of alcohol use will be based on an assessed need and justified in the Person-Centered Plan.
- g. The applicant must have adequate financial sponsorship by a contract accepted by Candeo
- h. The services requested must fall within Candeo's scope of practice, be in alignment with Candeo's mission, vision, values, and philosophy of services and Candeo's staff must represent the basic core competencies required to meet the individual's needs.
- i. The applicant using a wheelchair must be able to assist in transfers to and from their wheelchair. The applicant understands that if their need for physical transfers increases, Candeo will re-evaluate its ability to support the client regarding the scope of practice and core competencies for lifting and transferring. This may result in discharge from services.
- j. If all Admissions Criteria are not in place, the start date for services may be delayed.

### **B. HCBS Intellectual Disability (ID)/Brain Injury (BI) Waiver Supported Community Living (SCL) Services**

- a. The applicant must have a primary diagnosis of Intellectual Disability; primary need for services should stem from Intellectual Disability diagnosis and be 18 years or older.

- b. The applicant must have a primary diagnosis of Brain Injury; primary need for services should stem from Brain Injury diagnosis and be 18 years or older.
- C. Other contracted Supported Community Living (SCL) services
  - a. The applicant must have a primary diagnosis of Developmental Disability, Mental Illness or Autism (or any diagnosis along the Autism Spectrum) and be age 18 years or older.
- D. Employment Services (ES)
  - a. Job Development and Job Coaching; the applicant must have a primary diagnosis of Intellectual Disability, Brain Injury, Developmental Disability, Mental Illness, Autism, or any diagnosis along the Autism Spectrum, and be 18 years old or older.
  - b. Benefits Planning: Unless they are self-paying for this service, clients must qualify for funding through another source, such as Polk County Health Services or Social Security. The applicant must also be working towards self-sufficiency. Benefits Planning and self sufficiency is described by SSA as the following:
    - i. Offer beneficiaries with disabilities expanded choices when seeking service and support to enter, re-enter and/or maintain employment.
    - ii. Increase the financial independence and self-sufficiency of beneficiaries with disabilities.
    - iii. Reduce and, whenever possible, eliminate reliance on disability benefits.
- E. Home Based Habilitation Services (HBH) The applicant must be eligible for Habilitation Services as defined by the Iowa Administrative Code (IAC 78.27(2)) and be 18 years or older.
  - a. The IRSH applicant must be eligible for IRSH funding under HBH and be 18 years or older.

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

**All Applicants:**

- \_\_\_\_\_ **Case Management**    \_\_\_\_\_ **Service Coordination** (please identify current program)
- \_\_\_\_\_ Signed Release of Information included in application
- \_\_\_\_\_ Case Management plan / Service Management plan (including TCM Assessment)
- \_\_\_\_\_ General medical / physical examination completed within the last 12 months
- \_\_\_\_\_ Guardianship documents (if applicable)
- \_\_\_\_\_ Social History
- \_\_\_\_\_ Current up to date list of all medical practitioners
- \_\_\_\_\_ Behavior support plans and/or Behavior modification plans (if applicable)
- \_\_\_\_\_ WRAP and/or Crisis Plan (if applicable)
- \_\_\_\_\_ Psychological Evaluation (if applicable)
- \_\_\_\_\_ Level of Care Assessment (ICAP, Locus, InterRai, SIS-if applicable, CASH)
- \_\_\_\_\_ Copy of Social Security Card and insurance card

**Note: Incomplete applications will not be reviewed.**

***Candeo believes in self-determination and as an organization we support this belief through:***

- ***Empowering people to honor their own self-worth***
- ***Empowering people to recognize their own roles in society***
- ***Empowering people to value life-long learning***
- ***Empowering people to make informed decisions and experience natural consequences***
- ***Empowering people to accomplish their own dreams and goals***
- ***Empowering people to exercise their rights and responsibilities***

## REQUEST FOR SERVICES

Date of Application: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_

Preferred Name/Pronouns: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Is applicant their own guardian? \_\_\_\_\_ If not, who is? \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ cell) \_\_\_\_\_

### Please check the services desired from Candeo:

Intellectual Disability \_\_\_\_\_ SCL/Daily \_\_\_\_\_ SCL/Hrly \_\_\_\_\_ Employment \_\_\_\_\_ Host Home

Habilitation \_\_\_\_\_ SCL/Daily \_\_\_\_\_ SCL/Hrly \_\_\_\_\_ Employment \_\_\_\_\_ Host Home \_\_\_\_\_ IRSH

Brain Injury \_\_\_\_\_ SCL/Daily \_\_\_\_\_ SCL/Hrly \_\_\_\_\_ Employment \_\_\_\_\_ Host Home

Employment Service (please specify)

\_\_\_\_\_ Discovery \_\_\_\_\_ Job Development \_\_\_\_\_ Job Coaching

### FILL OUT IF APPLYING FOR IRSH

- Number of psychiatric hospital days in the last 12 months: \_\_\_\_\_
- Number of emergency room visits related to psychiatric diagnosis in the last 12 months: \_\_\_\_\_
- Number of correctional facility or county jail days in the last 12 months: \_\_\_\_\_
- LOCUS score: \_\_\_\_\_
- Is this client HAB funded: \_\_\_\_\_
- Does this client currently have IRSH funding: \_\_\_\_\_

Identify Goals/Need for Services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **MEDICAL**

Primary Disability: \_\_\_\_\_ Date of onset: \_\_\_\_\_

Secondary Disability: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Medications: \_\_\_\_\_

\_\_\_\_\_

## **FINANCIAL**

Current benefits (list amount received each month)

SSI \_\_\_\_\_ SSDI \_\_\_\_\_ Food Stamps \_\_\_\_\_ TANF \_\_\_\_\_

Housing Assistance (section 8) \_\_\_\_\_ Veteran Benefits \_\_\_\_\_ Worker's Comp \_\_\_\_\_

Other \_\_\_\_\_

Have you received past benefits that are now terminated? \_\_\_\_\_

Would you like benefits planning education? \_\_\_\_\_

## **EDUCATION**

School/Location \_\_\_\_\_

Highest Grade Completed: \_\_\_\_\_ Date: \_\_\_\_\_

Did you participate in Special Education? \_\_\_\_\_

## **VOCATIONAL (please complete-application will not be reviewed if states see Social History)**

Please list previous employers / work experiences, job duties, dates and reasons for leaving.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Manager/Supervisor: \_\_\_\_\_

Dates of Employment: (start date) \_\_\_\_\_ (end date) \_\_\_\_\_

Duties / Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_ Hourly wage: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Manager/Supervisor: \_\_\_\_\_

Dates of Employment: (*start date*) \_\_\_\_\_ (*end date*) \_\_\_\_\_

Duties / Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_ Hourly wage: \_\_\_\_\_

Please attach your resume or any additional information if necessary.

Please identify the days and hours that you are available to work: \_\_\_\_\_  
\_\_\_\_\_

Please identify vocational interests, as well as your specific strengths, and any other information that would be helpful for us to know: \_\_\_\_\_  
\_\_\_\_\_

**RELATED SKILLS (please complete-application will not be reviewed if states see plan)**

Self-help skills you are able to perform: \_\_\_\_\_  
\_\_\_\_\_

Strengths: \_\_\_\_\_  
\_\_\_\_\_

Areas of Need: \_\_\_\_\_  
\_\_\_\_\_



Leisure time preferences: \_\_\_\_\_  
\_\_\_\_\_

## REFERRAL

Referral Source: \_\_\_\_\_

Case manager: \_\_\_\_\_

Case Manager Address: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Medicaid MCO: \_\_\_\_ Wellpoint \_\_\_\_ Iowa Total Care \_\_\_\_ Molina

Funding Source for SCL: \_\_\_\_\_

Funding Source for HBH: \_\_\_\_\_

Funding Source for Employment: \_\_\_\_\_

Tier: \_\_\_\_\_

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

Assigned IVRS Counselor and Contact information: \_\_\_\_\_  
\_\_\_\_\_

County of Legal Settlement: \_\_\_\_\_

Agencies / Individuals to receive reports: \_\_\_\_\_

Other interested people you want involved on your team: \_\_\_\_\_  
\_\_\_\_\_

Person filling out form: \_\_\_\_\_

**Candeo requires that the individual has knowledge of and support for this referral before it will be considered by the Admissions Committee. If in agreement, please sign below:**

Applicant Signature: \_\_\_\_\_

Co-guardian: \_\_\_\_\_ Co-guardian: \_\_\_\_\_

AUTHORIZATION TO RELEASE / RECEIVE CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, hereby give permission to Candeo to release information to:

Candeo's Admissions Committee

The reason for the information being released is:

to determine eligibility and provide recommendations for services

The specific information to be released is:

application for services packet

How the information is to be used:

during the Admissions Committee meeting to review application

This release is valid for one year, unless Candeo is contacted and the release is revoked.

Signature of Applicant: \_\_\_\_\_

Signature of Co-Guardian (if applicable): \_\_\_\_\_

Signature of Co-Guardian (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_