**County Rural Offices of Social Services (CROSS)**



***For individuals living in: Clarke, Decatur, Lucas, Marion, Monroe, Ringgold & Wayne***

**Application Date:**  **Date Received by Office:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI: \_\_\_\_\_\_\_\_\_**

**Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ethnic Background:** **White** **African American** **Native American** **Asian** **Hispanic** **Other** \_\_\_\_\_\_\_\_\_\_

**Sex:** **Male** **Female**  **US Citizen: Yes No If you are not a citizen, are you in the country legally? Yes No**

**SSN#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status:**  **Never married** **Married** **Divorced** **Separated** **Widowed**

**Legal Status:** **Voluntary** **Involuntary-Civil** **Involuntary-Criminal** **Probation** **Parole** **Jail/Prison**

**Are you considered legally blind? Yes No If yes, when was this determined? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **May we leave a message? Yes No**

**Current Address**: Street City State Zip County

Begin Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **I live:**  Alone  With Relatives With Unrelated persons

**Use as current Mailing Address: Yes No If not, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previous Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street City State Zip County

Begin Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Service Providers:**

**Name Location**

1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Residential Arrangement:** **(Check applicable arrangement)**

**Private Residence** **Foster Care/Family Life Home** **Correctional Facility** **Homeless/Shelter/Street**

**Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Veteran Status:** **Yes** **No Branch & Type of Discharge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dates of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Employment: (Check applicable employment)**

**Unemployed, available for work Unemployed, unavailable for work Employed, Full time**

**Employed, Part time Retired Student**

**Work Activity Sheltered Work Employment Supported Employment**

**Vocational Rehabilitation Seasonally Employed Armed Forces**

**Homemaker  Volunteer Other \_\_\_\_\_\_\_\_\_\_**

**Current Employer:**   **Position:**

**Dates of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hourly Wage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours worked weekly: \_\_\_\_\_\_**

**Employment History: (list starting with most recent to previous.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employer** | **City, State** | **Job Title** | **Duties** | **To/From** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |

**Education: What is the highest level of education you achieved? \_\_\_\_\_\_ # of years \_\_\_\_\_\_ Degree**

**Emergency Contact Person:**

**Name:**   **Relationship:**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guardian/Conservator appointed by the Court? Yes No Protective Payee Appointed by Social Security? Yes No**

**Legal Guardian** **Conservator** **Protective Payee** **Legal Guardian** **Conservator** **Protective Payee**

**(Please check those that apply & write in name, address etc.) (Please check those that apply & write in name, address etc.)**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List All People In Household:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Age** | **Relationship** | **Social Security Number** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |

**INCOME: Proof of income may be required with this application including but not limited to pay-stubs, tax-returns, etc.**

**If you have reported no income above, how do you pay your bills? (Do not leave blank if no income is reported!)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Gross Monthly Income (before taxes):** **Applicant Others in Household**

**(Check Type & fill in amount) Amount: Amount:**

**Social Security**

**SSDI**

**SSI**

**Veteran’s Benefits**

**Employment Wages**

**FIP**

**Child Support**

**Rental Income**

**Dividends, Interest, Etc.**

**Pension**

**Other**

**Total Monthly Income:**

**Household Resources:** (Check and fill in amount and location):

**Type Amount Bank, Trustee, or Company**

Cash

Checking Account

Savings Account

Certificates of Deposit

Trust Funds

Stocks and Bonds (cash value?)

Burial Fund/Life Ins (cash value?)

Retirement Funds (cash value?)

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Resources:**

**Motor Vehicles**: Yes No Make & Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(include car, truck, motorcycle, boat,Make & Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

recreational vehicle, etc.) Make & Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you, your spouse or dependent children own or have interest in the following:**

House including the one you live in? Yes No Any other real estate or land? Yes No Other?\_\_\_\_\_\_\_\_ Yes No

If yes to any of the above, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you sold or given away any property in the last five (5) years?** Yes No **If yes, what did you sell or give away?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Health Insurance Information:** **(Check all that apply)**

**Primary Carrier (pays 1st) Secondary Carrier (pays 2nd)**

**Applicant Pays** **Medicaid Iowa Health and Wellness** **Applicant Pays** **Medicaid  Iowa Health and Wellness**

**Medicare A, B, D** **Medically Needy  MEPD** **Medicare A, B, D**  **Medically Needy  MEPD**

**No Insurance**  **Private Insurance  HAWK-I** **No Insurance Private Insurance  HAWK-I**

**Company Name Company Name \_\_\_\_\_\_**

**Address Address \_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Policy Number: Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(or Medicaid/Title 19 or Medicare Claim Number) (or Medicaid/Title 19 or Medicare Claim Number)**

**Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Any limits?  Yes  No Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Any limits?  Yes  No**

**Spend down: \_\_\_\_\_\_\_\_\_\_\_ Deductible: \_\_\_\_\_\_\_\_\_\_\_\_ Spend down: \_\_\_\_\_\_\_\_\_\_\_ Deductible: \_\_\_\_\_\_\_\_\_\_\_\_**

**Referral Source:**

**Self** **Community Corrections Family/Friend** **Social Service Agency**

**Targeted Case Management** **Other** **Other Case Management**

**Have you applied for any of the public programs listed below?**

**(Please check those you have applied for and the status of your referral) Has your application been Approved or Denied?** **If denied and you appealed, what is the date of appeal \_\_\_\_\_\_\_\_\_\_\_\_ Have you applied for reconsideration . Have you had a hearing with an Administrative Law Judge and what was the date of the scheduled hearing**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Security\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **SSDI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicare\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SSI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medicaid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **DHS Food Assistance:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Veterans \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Unemployment\_\_\_\_\_\_\_\_\_\_­­\_\_** **FIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Disability Group/Primary Diagnosis: (If known)**

Mental Illness Chronic Mental Illness Intellectual Disability Developmental Disability Substance Abuse Brain Injury

**Specific Diagnosis determined by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_**

**Axis I: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dx Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Axis II:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dx Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Why are you here today? What services do you NEED? (this section must be completed as part of this application!)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_I certify that the above information is true and complete to the best of my knowledge, and I authorize County staff to check for verification of the information provided including verification with Iowa county government and the state of Iowa Dept. of Human Services (DHS) and Iowa Department of Corrections or Community Corrections staff. I understand that the information gathered in this document is for the use of the county in establishing my** **ability to pay for services requested, and in assuring the appropriateness of services requested. I understand that information in this document will remain confidential.**

**Applicant’s Signature (or Legal Guardian) Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of other completing form if not Applicant or Legal Guardian Date**

100 S Main, Osceloa, IA 50213

Ph: 641-414-2968 Fax: 641-342-7076

Email: [clarkecountymentalhealth@gmail.com](mailto:clarkecountymentalhealth@gmail.com)

201 NE Idaho Street, Leon, IA 50144

Ph: 641-446-7178 Fax: 641-446-8208

Email: [tammy.harrah@crossmhds.org](mailto:tammy.harrah@crossmhds.org)

125 S. Grand, Chariton, Iowa 50049

Ph: 641-774-0423 Fax: 641-774-4383

Email: [egbertk@lucasco.org](mailto:clarkecountymentalhealth@gmail.com)

2003 N. Lincoln PO Box 627, Knoxville, IA 50138

Ph: 641-828-8149 Fax: 1-888-434-1890

Email: [tiffany.hopkins@crossmhds.org](mailto:tiffany.hopkins@crossmhds.org)

1801 S. B. Street, Albia, IA 52531

Ph: 641-932-2427 Fax: 641-932-2578

Email: [kfisher@monroecoia.us](mailto:kfisher@monroecoia.us)

109 West Madison, Mount Ayr, Iowa 50854

Ph: 641-464-0691 Fax: 641-464-2476

Email: [bfletchall@rcph.net](mailto:clarkecountymentalhealth@gmail.com)

101 N. Lafayette, Box 435, Corydon, IA 50060

Ph: 641-872-1301 Fax: 641-872-2843

Email: [waynecpc@grm.net](mailto:kfisher@monroecoia.us)