**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!)**

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

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**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

201 NE Idaho Street, Leon, IA 50144

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

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