

# **CPC APPLICATION FORM**

**CPC APPLICATION FORM**

**Date of Application:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

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

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

Street Address

\_\_\_\_\_  
City State ZIP County

**Ethnicity:** Circle one

- 1. White, not Hispanic
- 2. African American, not Hispanic
- 3. American Indian or Alaskan native
- 4. Asian or Pacific Islander .
- 5. Hispanic
- 6. Other (e.g., Biracial; Indochinese; etc.)

**Sex:** 1. Male 2. Female

**Birth date:** \_\_\_\_\_

**Soc. Sec. #** \_\_\_\_\_

**Ph. #** \_\_\_\_\_

**Marital status:** Circle one

- 1. Single, never married
- 2. Married
- 3. Divorced
- 4. Separated
- 5. Widowed

**Citizen of the United States:** Circle one 1. Yes 2. No

**Emergency Contact:**

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP County

\_\_\_\_\_  
Phone Number

**Referred by:** Circle one

- 1. Self
- 2. Family member(s) and/or friend(s)
- 3. Targeted case management
- 4. Other case management
- 5. Community Corrections
- 6. Social service agency (other than case manager)
- 7. Other (please describe): \_\_\_\_\_

What is your primary disability or diagnosis, if known? \_\_\_\_\_

Are you a Veteran of the US armed forces? Circle one: 1. YES 2. NO

Why are you here? \_\_\_\_\_

---

---

---

What do you need? Check all that apply

- 1. **Assessment** (includes testing and diagnosis)
- 2. **Transportation** (for going to the doctor, visiting friends and family, going to public meetings, restaurants or shopping, travel to conferences and work-shops, etc.)
- 3. **Recreation** (includes hobbies and community involvement like shopping, bowling, travel, concerts, plays, ball-games, going to restaurants, etc.)
- 4. **Health care** (includes medical care, in-home nursing care, and specialized therapies)
- 5. **Mental health services** (includes counseling)
- 6. **Education** (includes day care for children, and higher education for adults)
- 7. **Housing** (includes residential programs, and living independently)
- 8. **Employment** (includes job training)
- 9. **Financial support** - entitlement programs (help getting SSI or SSDI, Food Stamps, Title 19, Medicare, etc.)
- 10. **Comprehensive family support and transitioning** (includes respite care)
- 11. **Assistive technology** (includes home or vehicle modification)
- 12. **Personal assistance services** (includes help with personal care, reading, writing, budgeting, etc.)
- 13. **In-home services** (help with meal preparation, housecleaning, etc.)
- 14. **Skill development** (learning to use community services, cook, do laundry, do housekeeping, etc.)
- 15. **Getting information about your rights** (or legal issues)
- 16. **Getting information or training**
- 17. **Other** (please describe): \_\_\_\_\_

What services or supports do you receive now? \_\_\_\_\_

---

---

---

---

---

**Spouse/Family Member:**

Name _____		Relationship _____	
Street Address _____			
City _____	State _____	ZIP _____	County _____
Phone Number: _____			

**Others in Household:**

Name	Relationship	Birth date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Legally appointed guardian, conservator or payee**

Name _____		Relationship _____	
Street Address _____			
City _____	State _____	Zip _____	

(Include addresses from the past five [5] years.)

**Previous Address:** \_\_\_\_\_  
 Street Address

\_\_\_\_\_

City	State	ZIP	County
------	-------	-----	--------

When did you live at this address? From \_\_\_ / \_\_\_ / \_\_\_ To \_\_\_ / \_\_\_ / \_\_\_

Was this a treatment program? YES NO → IF YES, write in agency name /address:

\_\_\_\_\_

Agency Name

\_\_\_\_\_

Address	City	State	ZIP	County
---------	------	-------	-----	--------

**Previous Address:** \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP County

When did you live at this address? From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Was this a treatment program? YES NO → IF YES, write in agency name /address:

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Address City State ZIP County

**Previous Address:** \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP County

When did you live at this address? From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Was this a treatment program? YES NO → IF YES, write in agency name /address:

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Address City State ZIP County

**Previous Address:** \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP County

When did you live at this address? From \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_

Was this a treatment program? YES NO → IF YES, write in agency name /address:

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Address City State ZIP County

**FINANCIAL INFORMATION**

**Health insurance:** Circle all that apply

1. Self-insured 2. Insured by employer 3. Medicare 4. Medicaid 5. No insurance

6. Other: \_\_\_\_\_

Company \_\_\_\_\_ Policy # \_\_\_\_\_

Medicare # \_\_\_\_\_ Title XIX # \_\_\_\_\_

**Life insurance:** 1. Yes 2. No

If yes: Company Name: \_\_\_\_\_

Face value: \_\_\_\_\_ Year purchased: \_\_\_\_\_

**Current monthly income** Please write in your monthly income in whole dollars:

- 1. Employment wages .....\$ \_\_\_\_\_ , \_\_\_\_\_
- 2. Public assistance payments .....\$ \_\_\_\_\_ , \_\_\_\_\_
- 3. Social Security .....\$ \_\_\_\_\_ , \_\_\_\_\_
- 4. Social Security/Disability.....\$ \_\_\_\_\_ , \_\_\_\_\_
- 5. Supplemental Security Income.....\$ \_\_\_\_\_ , \_\_\_\_\_
- 6. Veterans Administration Benefits.....\$ \_\_\_\_\_ , \_\_\_\_\_
- 7. Railroad Pension .....\$ \_\_\_\_\_ , \_\_\_\_\_
- 8. Child Support.....\$ \_\_\_\_\_ , \_\_\_\_\_
- 9. Dividends, interest, etc. ....\$ \_\_\_\_\_ , \_\_\_\_\_
- 10. Job insurance Workers Compensation.....\$ \_\_\_\_\_ , \_\_\_\_\_
- 11. Disability Insurance .....\$ \_\_\_\_\_ , \_\_\_\_\_
- 12. Self employment.....\$ \_\_\_\_\_ , \_\_\_\_\_
- 13. Other. ....\$ \_\_\_\_\_ , \_\_\_\_\_

**Total monthly income in whole dollars:** \$ \_\_\_\_\_ , \_\_\_\_\_

**Resources** (include amounts in whole dollars, and locations)

Resource	Yes	No	Amount	Location
Cash on hand			\$	
Checking			\$	
Savings			\$	
Stocks / Bond(s)			\$	
Time certificate(s)			\$	
Trust fund(s)			\$	
Other:			\$	
Other:			\$	

---

**EDUCATION AND EMPLOYMENT**

---

**Education:** Write in the actual # of years of education completed \_\_\_\_\_

*For example, Gradeschool=8 High school=12 Trade/technical school=14 College=16 etc.*

**Are you a student now?** YES NO → **IF YES,** write in school name /address:

\_\_\_\_\_

School Name

\_\_\_\_\_

Address City State ZIP County

**Employment History** (To include the past five [5] years.) From To  
Employer's

Employer	City	Job Duties	Mo.	Yr.	Mo.	Yr.

**Do you have a case-worker? YES NO → IF YES, write in their name(s)/address(es):**

\_\_\_\_\_ Caseworker's Name Business Address City State ZIP County

\_\_\_\_\_ Caseworker's Name Business Address City State ZIP County

\_\_\_\_\_ Caseworker's Name Business Address City State ZIP County

\_\_\_\_\_ Caseworker's Name Business Address City State ZIP County

**Name of Person Completing Form: \_\_\_\_\_ (Area code) Phone number \_\_\_\_\_**

**Have you received services including counseling for any of the following:**

Service Type:	Yes No	When:	Where:	Where were you living?
Mental Health:	Yes No			
Substance Abuse:	Yes No			
Mental Retardation:	Yes No			
Developmental Disabilities	Yes No			
Other	Yes No			



**I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF IT IS DETERMINED THAT I WILLFULLY MIS-REPRESENTED THESE FACTS THEN THIS APPLICATION CAN BE DENIED ON THOSE GROUNDS.**

\_\_\_\_\_  
Signature of applicant or Legal Guardian

\_\_\_\_\_  
Date

The answers and information that you provide on this application give us the facts we need in order to determine your County of Legal Settlement and if you are eligible for assistance from the county in paying for costs surrounding a hospitalization for mental health or substance abuse reasons. You may be required to sign a release of information so that verification of information can be obtained.

**PROHIBITION AGAINST DISCRIMINATION**

We shall consider this application without regards to race, color, sex, age, handicap, religion, national origin or political belief.

**RIGHT OF APPEAL**

If you are not satisfied with the action of this office, you may appeal to the \_\_\_\_\_  
County Board Of Supervisors, Courthouse, \_\_\_\_\_, Iowa.

**DO NOT WRITE IN THE SPACE BELOW: FOR CPC USE ONLY**

Unique ID # \_\_\_\_\_

Disability group, primary diagnosis (COA code, first two digits)

Circle one:

40. Mental illness

41. Chronic mental illness

42. Mental retardation

43. Other developmental disability

County of legal settlement\* \_\_\_\_\_

County of legal settlement contacted \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Funding secured from county of legal settlement? 1. YES 2. NO

Application Outcome Decision: 1. APPLICANT ACCEPTED 2. APPLICANT DENIED

Date of application outcome decision \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Denial Reason, if applicant denied Circle one:

01. Over income guidelines

02. Does not meet County Plan criteria

03. Does not meet Diagnostic Group criteria:

3A. Brain Injury 3B. Alzheimer's 3C. Substance Abuse 3D. Other

04. Does not meet Service Plan criteria

05. Applicant desires to discontinue process

Initial Notice of Decision sent to case management/svc. agency \_\_\_\_\_

Mo DayYear

Written Notice of Decision sent to consumer and representative(s) \_\_\_\_\_

Comments / Notes \_\_\_\_\_

Name of CPC Person Making Determination Area Code Phone Number

( \_\_\_\_ ) \_\_\_\_\_

\* If county of legal settlement is undetermined, use the legal settlement decision tree to make determination.

**LEGAL SETTLEMENT DECISION TREE: FOR CPC USE ONLY**

1. Is the applicant blind?  Yes  No
  - If yes, he/she acquires legal settlement after six months of continuous residence in a county.
  - If no, he/she acquires legal settlement after one year of continuous residence in a county.
2. On what date did the applicant reach the age of majority? \_\_\_\_\_
  - If born before 7/1/51, majority was reached at age 21;
  - If born between 7/1/51 and 7/1/54, majority was reached on 7/1/72, regardless of age;
  - If born after 7/1/54, majority was reached at age 18.
3. Which is more recent: the date the applicant reached majority; OR 7/1/87? \_\_\_\_\_

Since then, has the applicant lived for a year (six months if blind) continuously in an Iowa county without receiving treatment or support services from any community-based provider of treatment or services for mental retardation, developmental disabilities, mental health, or substance abuse?  Yes  No

  - If yes, the applicant probably has legal settlement in the county where he/she most recently resided for that one year period. \_\_\_\_\_ (Identify county) If no, proceed to item # 4.

4. Did the applicant reach the age of majority before 7/1/87?  Yes  No  
 (If no, proceed to item #5.) If yes, between the date the applicant attained majority and 6/30/87, did the client live for a year (six months if blind) continuously in an Iowa county without residing in an institution?  Yes  No
- If yes, the applicant probably has legal settlement in the county where he/she most recently resided for that one year period. \_\_\_\_\_ (Identify county)
  - If no, proceed to item #5.

5. Who had custody of the applicant at the time the applicant reached the age of majority? \_\_\_\_\_

6. Where did the person identified in item #5 have legal settlement at that time? \_\_\_\_\_
- If a public agency or facility was custodian or guardian, the applicant takes the legal settlement that the parents had upon severance of the parental relationship. The applicant probably had, upon reaching majority, the legal settlement stated above.

**NOTE:** A person loses legal settlement in an Iowa county if he/she lives in a state other than Iowa for a year continuously or has acquired legal settlement in a state other than Iowa in less than a year.

---



---

**LEGAL SETTLEMENT WORKSHEET: FOR CPC USE ONLY**

---



---

Working back from the present, list the applicant's residence and any MR, DD, MH or SA services while at that residence, until there is a one year residence in a county without receiving services or being institutionalized, or until the date of majority was reached. It is not necessary to list services received prior to 7/1/86.

Residence / Type Services / Type	From --- To From --- To
<b>EXAMPLE:</b>	
1001 Woodland, Des Moines / Parent's home .....	2/28/87 - Present
Counseling / MH	3/12/87 - 9/12/90
Work Activity / MH	4/25/88 - Present