



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: _____

Begin Date _____ Street _____ City _____ State _____ Zip _____ County _____

I live: Alone With Relatives With Unrelated persons

Use as current Mailing Address: Yes No If not, _____

Previous Address _____

Begin Date _____ Street _____ End Date _____ City _____ State _____ Zip _____ County _____

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)

- | | | |
|---------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Unemployed, available for work | <input type="checkbox"/> Unemployed, unavailable for work | <input type="checkbox"/> Employed, Full time |
| <input type="checkbox"/> Employed, Part time | <input type="checkbox"/> Retired | <input type="checkbox"/> Student |
| <input type="checkbox"/> Work Activity | <input type="checkbox"/> Sheltered Work Employment | <input type="checkbox"/> Supported Employment |
| <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> Seasonally Employed | <input type="checkbox"/> Armed Forces |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Volunteer | <input type="checkbox"/> 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: _____

Address: _____

Guardian/Conservator appointed by the Court? Yes No

Legal Guardian Conservator Protective Payee
(Please check those that apply & write in name, address etc.)

Name: _____
Address: _____
Phone: _____

Relationship: _____

Phone: _____

Protective Payee Appointed by Social Security? Yes No

Legal Guardian Conservator Protective Payee
(Please check those that apply & write in name, address etc.)

Name: _____
Address: _____
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):
(Check Type & fill in amount)

- Social Security
- SSDI
- SSI
- Veteran's Benefits
- Employment Wages
- FIP
- Child Support
- Rental Income
- Dividends, Interest, Etc.
- Pension
- Other

Applicant
Amount:

Others in Household
Amount:

Total Monthly Income: _____

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

- 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 _____

Amount

Bank, Trustee, or Company

Total Resources: _____

Motor Vehicles: Yes No
(include car, truck, motorcycle, boat, recreational vehicle, etc.)

Make & Year: _____
Make & Year: _____
Make & Year: _____

Estimated value: _____
Estimated value: _____
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)

<input type="checkbox"/> Applicant Pays	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Iowa Health and Wellness
<input type="checkbox"/> Medicare A, B, D	<input type="checkbox"/> Medically Needy	<input type="checkbox"/> MEPD
<input type="checkbox"/> No Insurance	<input type="checkbox"/> Private Insurance	<input type="checkbox"/> HAWK-I
Company Name _____		
Address _____		
Policy Number: _____ (or Medicaid/Title 19 or Medicare Claim Number)		
Start Date: _____ Any limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Spend down: _____ Deductible: _____		

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Address _____		
Policy Number _____ (or Medicaid/Title 19 or Medicare Claim Number)		
Start Date: _____ Any limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Spend down: _____ Deductible: _____		

Referral Source:

<input type="checkbox"/> Self	<input type="checkbox"/> Community Corrections	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Social Service Agency
<input type="checkbox"/> Targeted Case Management	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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: _____

<input type="checkbox"/> Social Security _____	<input type="checkbox"/> SSDI _____	<input type="checkbox"/>
Medicare _____		
<input type="checkbox"/> SSI _____	<input type="checkbox"/> Medicaid _____	<input type="checkbox"/> DHS Food Assistance: _____
<input type="checkbox"/> Veterans _____	<input type="checkbox"/> Unemployment _____	<input type="checkbox"/> FIP _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> 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, Osceola, IA 50213
Ph: 641-414-2968 Fax: 641-342-7076
Email: clarkecountymentalhealth@gmail.com

125 S. Grand, Chariton, Iowa 50049
Ph: 641-774-0423 Fax: 641-774-4383
Email: egbertk@lucasco.org

119 S. Fillmore, Mount Ayr, Iowa 50854
Ph: 641-464-0691 Fax: 641-464-2476
Email: bfletchall@rcph.net

201 NE Idaho Street, Leon, IA 50144
Ph: 641-446-7178 Fax: 641-446-8208
Email: deccpcc@decccs.org

2003 N. Lincoln, Knoxville, IA 50138
Ph: 641-828-8149 Fax: 641-842-3442
Email: anelson@co.marion.ia.us

101 N. Lafayette, Box 435, Corydon, IA 50060
Ph: 641-872-1301 Fax: 641-872-2843
Email: waynecpc@grm.net

1801 S. B. Street, Albia, IA 52531
Ph: 641-932-2427 Fax: 641-932-2578
Email: kfisher@monroecoia.us