



Service Application

Thank you for your interest in services with REM Iowa. We kindly request the following documentation (as applicable) as part of our referral process to assist us in determining the service needs of the applicant: current social history, list of current diagnoses, SIS assessment/InterRAI, Individual Service Plan (ISP), incident reports from prior 6 months, psychiatric/psychological assessment, current physical and other pertinent specialty medical information, Behavior Support Plan (BSP), and contact information for involved family/support.

Date: _____

Applicant's Full Name: _____ Telephone: _____

Current Address: _____

Date of Birth: _____ Gender/Identifies As: _____ Primary Diagnosis: _____

Is current placement in jeopardy? Yes No Placement needed by date: _____

Has the applicant ever received services outside of the family home? Yes No

If yes, current/most recent provider: _____ Telephone: _____

Guardian Name (if applicable): _____ Relationship: _____

Guardian Telephone: _____ Guardian Email (if applicable): _____

Case Manager/Care Coordinator: _____ Telephone: _____

Case Manager/Care Coordinator Email: _____

Funding Source:	IME	Iowa Total Care	MHDS	Molina	Private Pay	Wellpoint
Funding type:	BI Waiver	ID Waiver, Tier: _____	<u>Habilitation ,Tier: _____</u>			
Applicant's Financial Source:	Social Security (SSA)		<u>Range of hours provided is based upon assigned tier</u>			
	Veteran's Benefits (VA)	Child Support	Supplemental Social Security (SSI)		Trust Fund	
Service(s) Desired			Adoption Subsidy		Other	
	Adult ICF/ID (Cedar Rapids, Coralville, Shelby & Washington only)		Children ICF/ID (Council Bluffs only)			
	24 Hour SCL/Waiver	Host Home**	Day Habilitation*(provided in starred communities)			
	Habilitation (UD-U9)		Community Based Habilitation (UA-UC services provided in applicant's home)			

**Host Home is a service where individuals live in private family homes and receive specialized assistance from a dedicated caregiver

Communities Desired (service areas that currently exist)

1st Available	Council Bluffs	Iowa City/Coralville	Vinton*
Ames*	Davenport	Marshalltown*	Waterloo/Cedar Falls*
Atlantic	Des Moines area*	Mason City*	Williamsburg
Burlington	Dubuque	Mt. Pleasant	Other
Cedar Rapids area*	Fort Madison/Keokuk	Muscatine	
Clinton	Harlan/Shelby	Storm Lake	



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Health/Medical Information

Adaptive Equipment: cna Cane Walker Wheelchair (Manual) Wheelchair (Motorized)

Other (please list): _____

Specialized Medical Needs (Sight Impaired, Hearing Impaired, Diabetic with insulin shots, Seizures, Feeding Tube, etc.):

Referral History

Does the applicant have a current court committal?	Yes	No
Has the applicant ever been arrested? Awaiting Charges? On Probation? On Parole?	Yes	No
Has the applicant been accused/convicted of sexual abuse/on the registry?	Yes	No
Does the applicant have a history of cruelty to animals?	Yes	No
Does the applicant have a history attempted suicide?	Yes	No
Does the applicant have a history of fire setting?	Yes	No
Does the applicant have a history of cutting, swallowing, and insertion of foreign objects or strangulation?	Yes	No
Does the applicant utilize iStart or any other behavioral support services?	Yes	No
If a minor, does the applicant have any DHS involvement or custody issues (i.e. Child in Need of Assistance)?	Yes	No

The information we have asked you to provide is necessary for the effective administration of the services for which you are applying. The information collected will only be used by authorized agency personnel. Use of this information for purposes other than expressed herein will not occur without your prior written approval, unless such other use is specifically authorized by law.

Completed by: _____ Date: _____

Please return form:

Via Email: remiowareferral@sevitahhealth.com

Via Fax: 319-393-2091

For additional information check out our website, www.remiowa.com or call 319-393-1944.