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EMPOWERING PEOPLE WITH INTELLECTUAL DISABILITIES TO ACHIEVE THEIR HIGHEST QUALITY OF LIFE

APPLICATION FOR Contracted Services

IDENTIFYING INFORMATION:

Name of Person Seeking Services: (Last) (First) (Middle) (Nickname)
Social Security Number: Birth Date:
Current Address: (Street) Phone Number:
County of Legal Residence:
Ethnicity: (City) (State) (Zip Code)
Caucasian African-American Asian Hispanic
Native Indian Other Unknown
Service Desired: Discovery Work Place Readiness Job Development
Job Coaching Enclave/Crew: Please mark one: PM Cleaning Stone Hill NICC
Date admission is desired:

GUARDIAN/CONSERVATORSHIP INFORMATION:

Does the applicant have a legal guardian? Name:
Current Address: Phone Number:
City: State: Zip Code:
Date Appointed: County:

Emergency Contact Person

Name: Relationship:
Address: City: State: Zip Code:
Home Phone Number: Work Phone Number:

Alternate Emergency Contact:

Name: Relationship:
Address: City: State: Zip Code:
Home Phone Number: Work Phone Number:

HEALTH & DISABILITY RELATED INFORMATION:

Applicant's Primary diagnosis:
Secondary diagnosis (if any):

HEALTH & DISABILITY RELATED INFORMATION (CONTINUED):

Primary Physician: Phone Number:
Address: City: State: Zip Code:
Physical Date: Work Restrictions:
Previous Illnesses (List Date: mo/yr):

Note: Must have a statement signed by the Physician that the applicant is free from any communicable diseases.

Please list below any previous employment and vocational exploration / training:

Job Title	Dates Worked	Pay Rate	Brief Description of Job Tasks	Reason for leaving
1.	/	\$		
2.	/	\$		
3.	/	\$		

Please complete any of the following that apply:

Name of Medical Insurance Provider: _____

Medicaid Number: _____ Medicare Number: _____ Name of MCO Provider: _____

MCO Identification Number: _____

Funding Representative/Case Manager: _____

Funding type (e.g. ID Waiver, ICF/ID, DCSD, etc): _____

SKILLS CHECKLIST: Check items that best describe applicant.

SOCIAL RELATIONS	Yes/No	Comments/Explain
Needs close supervision		
Avoids interaction with peers		
Enjoys interaction with peers		
Involves self near, but not with peers		
Disrupts group activities		
COMMUNICATION		
Does not respond to language		
Communicates with gestures only		
Speaks single words		
Speech easily understood		
Follows simple directions		
Answers questions		
Prints/Writes		
BEHAVIORS	Check if Yes	
Hyperactive		
Aggressive		
Withdrawn		
Hits/kicks others		
Bites others		
Pulls others' hair		
Self-stimulates, i.e. rocks back and forth		
Uses disruptive noises		
Engages in self-injurious behavior		
Abusive of property		
Leaves premises without permission		
Screams		
Other significant behaviors		

Any other information you feel is important for your evaluation/assessment: _____

CRIMINAL HISTORY:

Does the applicant have a criminal history? _____

If yes, please explain any criminal charges and/or related court conditions (ie: probation status, no contact orders, etc):

Name of person supplying information (if different from applicant): _____

Relationship to applicant: _____ Date form completed: _____