COUNTY SOCIAL SERVICES LEVEL I INTAKE APPLICATION

Name: ______________________________ **DOB:** ______________ **SSN:** ________________

Current Address: ____ **County:** ______________
Street Address Ciity State Zip
When did you move to this address? _______/ ________ **Preferred phone number:** ________________________
Month Year
If your current address is not in the community then list last community address and dates of that address on the back of this form.

Gender: ☐**Male** ☐**Female** ☐ **Non-Binary** ☐**Not Listed** ______ **Pronouns:** ______________ **Veteran?** ☐**Yes** ☐**No Marital Status**______**Race**_________

Level of Education: ☐ None ☐ H.S. Diploma ☐ GED ☐ Associates ☐ Bachelors or higher

CURRENT EMPLOYMENT STATUS (if minor, this would be parent/guardian employment status)
_____ Unemployed _____ Student _____ Retired
_____ Employed (Circle one) _____ Supported Employment _____ Other (please specify)
Full Time Part Time/Seasonal _____ Sheltered / Prevocational ________________________

Employer Name: ____________________________________ Hours/Week _________ Hourly Wage $___________

Health Insurance Information: If not insured, check here _________ If you have coverage, complete below:

Primary Carrier (pays first)	**Secondary Carrier (pays second)**
Insurance Name: ___________________________	Insurance Name: _____________________________
Policy #: ___________________________________ (or Medicaid State ID# or Medicare Policy #)	Policy #: ______________________________ (or Medicaid State ID# or Medicare Policy #)

SPOUSE AND DEPENDENTS IN HOUSEHOLD: (must list dates of birth for dependents) Use back if more room needed

Name	**Relationship**	**Date of Birth**
		_____ / _____ / _____
		_____ / _____ / _____
		_____ / _____ / _____
		_____ / _____ / _____

Are you waiting for a Social Security Disability determination? ☐No ☐Yes

Do you have a Social Security Representative Payee? ☐No ☐Yes **If yes, who is your payee?**
Name: ____ Phone #: ________________________________

Who is your emergency contact?
Name: ____ Phone #: _____________ Relationship: ___________________

INCOME	**Applicant**	**Others in Household**
Social Security	________	________
SSI	________	________
SSDI	________	________
Employment Wages	________	________
FIP	________	________
Child Support	________	________
Veteran's Benefits	________	________
Railroad Pension	________	________
Rental Income	________	________
Dividends, Interest, Etc.	________	________
Other __________	________	________
TOTAL MONTHLY INCOME	_______	________

RESOURCES	**Amount**	**Location**
Cash	________	______________
Checking Account	________	______________
Savings Account	________	______________
Stocks and Bonds	________	______________
Certificates of Deposit	________	______________
Life Insur. (cash value)	________	______________
Trust Funds	________	______________
Burial Contracts	________	______________
Recreational Vehicles	________	______________
Real Estate (non-residence)	________	______________
Other __________	________	______________
TOTAL RESOURCES	________	

I hereby attest that the information I have provided is true and I also give County Social Services permission to release this information to verify and/or communicate eligibility for the assistance requested. I also understand that this is a government document and I may be subject to prosecution if knowingly provide false information. I also acknowledge I have been given a copy of the County Social Services Notice of Privacy Practices.

Applicant's Signature: X____ ________________________
(Application ***must*** be signed or witnessed and dated to be considered for assistance.) Date

For Staff Use Only

☐ Assisted with Iowa Health & Wellness Plan enrollment

DG: MI ID DD BI Self-Report Diagnosis: ___________________ **Case Worker**______________________________________
(circle one)

Updated 4/29/2022