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** **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
_____ Employed (Circle one)
Full Time Part Time/Seasonal
_____ Student
_____ Supported Employment
_____ Sheltered / Prevocational
_____ Retired
_____ Other (please specify)
____

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**______________________________

Updated 8/5/2015

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(circle one)