

REFERRAL FOR LEE COUNTY PROTECTIVE PAYEE SERVICES

Date of Application: ____/____/____ **Phone:** #(____)-____-____

Name of Applicant: _____
Last First M.I.

Current Address: _____

City State Zip County

Social Security # ____/____/____ **Birth Date:** ____/____/____

Sex: Male ____ Female ____

Parent Name (If applicant is under 18)

Name Address

Ethnicity:
1) White, not Hispanic ____ 2) African American ____ 3) Native American ____
4) Asian or Pacific Islander ____ 5) Hispanic ____ 6) Other (Biracial, Indochinese etc.) ____

Guardian:(name) _____ **Conservator:(name)** _____

Current Payee:(name) _____

Veterans of US Armed Forces:
Yes ____ No ____

Marital Status:
1) Single, never married ____ 2) Married ____ 3) Divorced ____ 4) Separated ____
5)Widowed ____

Legal Status:
Court ordered: _____ Voluntary: _____

Applicant's Living Arrangement:
1) Lives alone ____ 2) Lives with relatives ____
3) Lives with persons unrelated to applicant ____

Number of Persons Living in Household: Adults _____ **Persons under 18** _____

Names of Persons Residing In Your Household, Including Yourself:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Do You Rent _____ or Own _____ Your Home? (check which applies)

Disability Group (primary diagnosis):

Mental Illness(40) _____ Chronic Mental Illness(41) _____

Mental Retardation(42) _____ Developmental Disabilities(43) _____

Other: _____

Referred By:

1) Self _____ 2) Family Member _____ 3) Case Management _____

4) Community Corrections _____ 5) Social Service Agency _____

6) Social Security _____ 7) Other _____

Years of Education: (High School or GED) _____ College Years Completed: _____

Health Insurance: (Indicate all that apply)

1) Insured by Employer _____ 2) Other Private Insurance _____

Name of Insurance Provider _____

3) Medicare _____

4) Medicaid _____ Medicaid (Title XIX)# _____

5) No Insurance _____ 6) Other (explain) _____

Current Employment Status:

Unemployed, available for work _____ Student _____

Unemployed, unavailable for work _____ Work Activity Employment _____

Employed, full time _____ Sheltered Work Employment _____

Employed, part time _____ Vocational Rehabilitation _____

Retired _____ Armed Forces _____

Homemaker _____

Primary Income Source:

FIP _____ Pension _____ Workers Comp. _____

SS _____ Veterans _____ Private Agency _____

SSDI _____ Food Stamps _____ Family and Friends _____

SSI _____ G A _____

Monthly Household Income:

Employment Wages Per Hour \$ _____ Hours Worked/Week _____
 Public Assistance \$ _____ Railroad/Other Retirement \$ _____
 Social Security \$ _____ S.S. D. I. \$ _____ S.S.I. \$ _____
 V.A. Benefits \$ _____ Child Support \$ _____
 Dividend Interest \$ _____
 Other Income \$ _____ Income Description _____
Total Monthly Income \$ _____

Resources:

Cash on Hand \$ _____ Checking \$ _____ Savings \$ _____
 Time Certificates \$ _____ Trust Funds \$ _____ Stocks/Bonds \$ _____
 Other Resources \$ _____ Resource Description _____
 Other Resources \$ _____ Resource Description _____
 Total Resources \$ _____

Do you have a Case Manager: No _____ Yes _____ Name _____

Do you have an Income Maintenance Worker: No _____ Yes _____ Name _____

Who is your Beneficiary: _____

Address: _____ **Phone:** _____

Do you have life insurance or pre-burial arrangements paid: Yes _____ No _____

Have you applied for Social Security Disability: Yes _____ No _____
 Dates _____

Have you received General Relief in the past: Yes _____ No _____ Where _____
 Dates _____

Employment History:

Employer	City	Job Duties	Begin Date	End Date

Legal Settlement:

Please list where you have lived in the past, **begin with your current address.**

Current Address: _____ City _____ State _____

What dates have you lived at this address? From: _____ To: _____

Did you receive treatment or support services for Mental Illness, Mental Retardation or Developmental Disabilities while at this address? Yes _____ No _____

(If yes) What were the dates? From: _____ To: _____

Where were services provided: _____

Previous Address: _____ City _____ State _____

What dates did you live at this address? From: _____ To: _____

Did you receive treatment or support service for Mental Illness, Mental Retardation or Developmental Disabilities while at this address? Yes _____ No _____

(If yes) What were the dates? From: _____ To: _____

Who provided your service(s): _____

Previous Address: _____ City _____ State _____

What dates did you live at this address? From: _____ To: _____

Did you receive treatment or support service for Mental Illness, Mental Retardation or Developmental Disabilities while at this address? Yes _____ No _____

(If yes) What were the dates? From: _____ To: _____

Who provided your service(s): _____

Previous Address: _____ City _____ State _____

What dates did you live at this address? From: _____ To: _____

Did you receive treatment or support service for Mental Illness, Mental Retardation or Developmental Disabilities while at this address? Yes _____ No _____

(If yes) What were the dates? From: _____ To: _____

Who provided your service(s): _____

Signature: I hereby state that the above information is accurate to the best of my knowledge. I understand that I may be liable for the full cost of services provided to me, which were paid based on inaccurate information, which I may have supplied.

Release: I hereby authorize the Lee County Representative Payee Office desinee to request any and all information to verify the application data. The applicant has a right to appeal the decision of the General Assistance Office by writing a letter requesting an appeal within 30 days of the issuance of the notice of decision concerning that action. The appeal form may be obtained from the Lee County Community Services Office, P.O. Box 937 Keokuk, Iowa. We will consider this application without regard to race, color, sex, age, handicap, religion, national origin or political belief.

Consumer/Guardian Signature: _____ **Date:** _____



ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I, _____, do hereby acknowledge receipt of a copy of the Notice of Privacy Practices, Policies, and Procedures.

Signature of Individual

Date

In the event this request is made by the individual's personal representative:

Signature of
Personal Representative

Legal Authority of
Personal Representative

Date

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Approved: _____ Denied: _____ Pending: _____

Approval Date of Initiation _____ to _____

Explanation of Findings if Denied or Pending:

Signature of Person Issuing Notice: _____ Date: _____

Lee County Community Services Office
P.O. Box 937, Keokuk, IA 52632
(319)-524-1052 or Fax: (319)-524-6518
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Social Security Representative Payee Identifying Questions

Social Security Number: _____

Date of Birth: _____

Address: _____

Mothers Maidens Name: _____

Fathers Name: _____

Place of Birth: _____