

FIRST RESOURCES CORP
Disability Services Application

Please check all services that you are interested in		
Burlington	Centerville	Fairfield
<input type="checkbox"/> Daily SCL or Habilitation	<input type="checkbox"/> Daily SCL or Habilitation	<input type="checkbox"/> Daily SCL or Habilitation
<input type="checkbox"/> Hourly SCL or Habilitation	<input type="checkbox"/> Hourly SCL or Habilitation	<input type="checkbox"/> Hourly SCL or Habilitation
<input type="checkbox"/> Respite	<input type="checkbox"/> Respite	<input type="checkbox"/> Respite
	<input type="checkbox"/> Small Group Employment	<input type="checkbox"/> Small Group Employment
	<input type="checkbox"/> Job Development/Discovery	<input type="checkbox"/> Job Development/Discovery
	<input type="checkbox"/> Job Coaching	<input type="checkbox"/> Job Coaching
	<input type="checkbox"/> Adult Day Habilitation	<input type="checkbox"/> Adult Day Habilitation
Knoxville	Mt Pleasant	Oskaloosa
<input type="checkbox"/> Daily SCL or Habilitation	<input type="checkbox"/> Daily SCL or Habilitation	<input type="checkbox"/> Daily SCL or Habilitation
<input type="checkbox"/> Hourly SCL or Habilitation	<input type="checkbox"/> Hourly SCL or Habilitation	<input type="checkbox"/> Hourly SCL or Habilitation
<input type="checkbox"/> Respite	<input type="checkbox"/> Respite	<input type="checkbox"/> Respite
	<input type="checkbox"/> Job Development/Discovery	<input type="checkbox"/> Job Development/Discovery
	<input type="checkbox"/> Job Coaching	<input type="checkbox"/> Job Coaching
Ottumwa	Pella	Sigourney
<input type="checkbox"/> Daily SCL or Habilitation	<input type="checkbox"/> Daily SCL or Habilitation	<input type="checkbox"/> Daily SCL or Habilitation
<input type="checkbox"/> Hourly SCL or Habilitation	<input type="checkbox"/> Hourly SCL or Habilitation	<input type="checkbox"/> Hourly SCL or Habilitation
<input type="checkbox"/> Respite	<input type="checkbox"/> Job Development/Discovery	<input type="checkbox"/> Respite
<input type="checkbox"/> Small Group Employment	<input type="checkbox"/> Job Coaching	<input type="checkbox"/> Job Development/Discovery
<input type="checkbox"/> Job Development/Discovery		<input type="checkbox"/> Job Coaching
<input type="checkbox"/> Job Coaching		<input type="checkbox"/> Adult Day Habilitation
<input type="checkbox"/> Adult Day Habilitation		
<input type="checkbox"/> Adult Day Care		

Personal Information		

First Name	Middle Name	Last Name
Address (Street, City, State, Zip): _____		

Primary Phone # (_____) _____		
Social Security #: _____		
Date of Birth: _____ Age: _____ Male _____ Female _____		
Marital Status: Single _____ Married _____ Divorced _____		

REVISED: 5/05, 7/09, 8/13, 01/15, 07/16,5/19, 7/20
 CS-A-06

Name: _____
DOB: _____
State ID#: _____

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Do you have a legal guardian?	___ Yes ___ No
Are you under a mental health committal?	___ Yes ___ No
Do you have a case manager or care coordinator?	___ Yes ___ No
Are you on probation?	___ Yes ___ No
Are you on the Sexual Offender Registry?	___ Yes ___ No
Have you been convicted of criminal charges or have any pending?	___ Yes ___ No

Current Information

Who do you currently live with?

___ Alone	___ Currently in hospital	___ With Family
___ In a SCL/Hab Home	___ Currently in Jail	___ Other

Who will be funding the services you are requesting? _____

Are you currently being discharged from another provider? ___ Yes ___ No

List current place of employment: _____

What is your work schedule? _____

How much do you make an hour? _____

List any work limitations you have: _____

List primary form of transportation: _____

Who is your emergency contact (Name/Phone #)? _____

Who is helping you apply for Tenco services (Name/Phone #)? _____

Financial/Educational Information

Primary Language: _____

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Highest Grade Achieved _____	Did you attend special education? ___ Yes ___ No
Do you get SSI or SSDI? _____	___ Yes ___ No ___ Application in process
If yes, how much per month? _____	
Do you get food stamps?	___ Yes ___ No
Do you have a representative payee?	___ Yes ___ No
Do you have a power of attorney?	___ Yes ___ No
Do you have a conservator?	___ Yes ___ No
Do you have a burial plan or estate?	___ Yes ___ No

Medical Information

Primary Disability: _____

Other Disabilities: _____

Do you have a "Do Not Resuscitate" Order? ___ Yes ___ No

Are you registered as an Organ Donor? ___ Yes ___ No

Do you have a history of seizures? ___ Yes ___ No

Are you diabetic? ___ Yes ___ No

If yes, can you self-administer the insulin? ___ Yes ___ No

Are you allergic to anything? ___ Yes ___ No

If yes, please list _____

Please list your current medications (or attach a med list):

What help do you need with your medications? _____

Do you have insurance? ___ Yes ___ No. If yes, please list info below.

- Amerigroup # _____
- Iowa Total Care # _____
- Medicare _____
- Dental _____
- Private _____

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Describe any accessibility or balance issues you may have: _____

Support Team Information			
Type of Support	Name/Dr	Town	Contact #
Guardian/POA			
Case Manager/IHH			
Family Member			
Doctor			
Psychiatrist			
Therapist			
Pharmacy			
Service Provider			
Court Advocate			
Payee			
Other			

Thank you for your interest in FIRST RESOURCES CORP!

Please submit completed applications to the Director of Compliance at sgehl@firstresources.us or fax to 641-684-4223. Please call 641-682-8114 for any questions.

In order to speed up your application process, please send a copy of the following information:

Social History Current Individual Plan Copy of guardianship papers

Prior to admission, you will be asked to submit the following:

Physical exam Insurance cards Current ID or Driver's License
 Social Security Card/Birth Certificate Funding

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Name: _____
 DOB: _____
 State ID#: _____