Village Northwest Unlimited

330 VILLAGE CIRCLE • SHELDON, IOWA 51201
Phone (712) 324-4873 • Fax (712) 324-4877
www.villagenorthwest.org

Application For Services

DATE OF APPLICATION:_____/_____/_____

NAME: _____ **DOB:** _____
Last First M.I.

ADDRESS: _____ _____
Street (Including Apt. #) City State Zip

PHONE: _____ **SOCIAL SECURITY NUMBER:** _____-_____-_____

SEX: ☐ Female ☐ Male **HEIGHT:** _____ **WEIGHT:** _____ **EYES:** _____ **HAIR:** _____

MEDICAID NUMBER: _____ **EFFECTIVE DATE:** _____ **STATE ISSUED:** _____

MEDICARE NUMBER: _____ **EFFECTIVE DATE:** _____ **STATE ISSUED:** _____

MCO: _____ **MCO ID #:** _____

HEALTH INSURANCE COMPANY NAME: _____

INSURANCE GROUP NUMBER: _____ **POLICY NUMBER:** _____

INSURANCE TELEPHONE NUMBER: _____

POLICY HOLDER: _____

SS# OF POLICY HOLDER _____-_____-_____ **PLACE OF EMPLOYMENT** _____

GENERAL INFORMATION

County & State of Legal Settlement: _____ **County & State of Birth:** _____

CASE WORKER/MANAGER: _____ _____
Name Phone

_____ _____
Address (Include City, State, Zip) Email

Does the applicant have a legal guardian? ☐ Yes ☐ No ☐ Pending ☐ Temporary Guardian Only
(Please attach a copy of the court document verifying guardianship.)

GUARDIAN: _____ _____
Name Email

_____ _____
Address City, State, Zip

_____ _____ _____ _____
Guardian DOB Home Phone Work Phone Cell Phone

Has a legal conservator been appointed for the applicant by the courts? ☐ Yes ☐ No ☐ Pending ☐ Temporary
(Please attach a copy of the court document verifying conservatorship.)

CONSERVATOR: _____ _____
Name Email

_____ _____
Address City, State, Zip

_____ _____ _____
Home Phone Work Phone Cell Phone

FAMILY INFORMATION

FATHER'S NAME: ______________________________ **DOB:** ______________

Address: ______________________________ City/State/Zip: ______________________________

Cell Ph: ________________ Work Ph: ________________ Home Ph: ________________

E-mail: ______________________________ SS#: ________/________/__________

Military Service: ☐ Yes ☐ No Which Branch? ______________________________

May we contact this person to get additional information? ☐ Yes ☐ No

MOTHER'S NAME: ______________________________ **DOB:** ______________

Address: ______________________________ City/State/Zip: ______________________________

Cell Ph: ________________ Work Ph: ________________ Home Ph: ________________

E-mail: ______________________________ SS#: ________/________/__________

Military Service: ☐ Yes ☐ No Which Branch? ______________________________

May we contact this person to get additional information? ☐ Yes ☐ No

SIBLING'S NAME: ____________ **EMPLOYER:** ____________________ **DOB:** __________

If married, name of spouse ______________________________

Address: ______________________________ City/State/Zip: ______________________________

Cell Ph: ______________ Home Ph: ________________ E-mail: ______________________

Does he/she have contact with applicant? ☐ Yes ☐ No

SIBLING'S NAME: ____________ **EMPLOYER:** ____________________ **DOB:** __________

If married, name of spouse ______________________________

Address: ______________________________ City/State/Zip: ______________________________

Cell Ph: ______________ Home Ph: ________________ E-mail: ______________________

Does he/she have contact with applicant? ☐ Yes ☐ No

SIBLING'S NAME: ____________ **EMPLOYER:** ____________________ **DOB:** __________

If married, name of spouse ______________________________

Address: ______________________________ City/State/Zip: ______________________________

Cell Ph: ______________ Home Ph: ________________ E-mail: ______________________

Does he/she have contact with applicant? ☐ Yes ☐ No

(Please use additional sheet of paper if needed.)

EDUCATIONAL INFORMATION

SCHOOL: _____

Address: _____City/State/Zip: _____

Ph: _____ Dates Attended: From _____ To _____

Did applicant receive any of the following? ☐ Diploma ☐ GED ☐ Certificate of Attendance

SCHOOL: _____

Address: _____City/State/Zip: _____

Ph: _____ Dates Attended: From _____ To _____

Did applicant receive any of the following? ☐ Diploma ☐ GED ☐ Certificate of Attendance

SCHOOL: _____

Address: _____City/State/Zip: _____

Ph: _____ Dates Attended: From _____ To _____

Did applicant receive any of the following? ☐ Diploma ☐ GED ☐ Certificate of Attendance

FINANCIAL INFORMATION

DOES APPLICANT:

Have cash on hand? ☐ Yes ☐ No Amount: $_____

Have a savings account or investments? ☐ Yes ☐ No Amount: $_____

Have a checking account? ☐ Yes ☐ No Amount: $_____

Receive SSI? ☐ Yes ☐ No Amount: $_____

Receive SSDI? ☐ Yes ☐ No Amount: $_____

Receive Social Security? ☐ Yes ☐ No Amount: $_____

Have eligibility for Veteran's benefits ☐ Yes ☐ No Amount: $_____

Have any burial agreement? ☐ Yes ☐ No

If yes, is it irrevocable ☐ Yes ☐ No ***(Please attach a copy.)***

Have any life insurance? ☐ Yes ☐ No

If yes, for burial purposes only? ☐ Yes ☐ No

Have burial plot? ☐ Yes ☐ No If yes, location _____

RELIGIOUS HISTORY

Religious preference or affiliation: _____

EMPLOYMENT HISTORY

Please list applicant's most recent job first. Include all full-time and part-time employment, including sheltered employment experience, as well as military service assignments and volunteer activities. Attach additional sheet if necessary.

COMPANY NAME:____

Address: ______________________________City/State/Zip: ______________________

Ph: ____________________ Employment Dates: From ___________ To _____________

Position/Title: ___________________________ Supervisor: ________________________

Duties Performed: ____

Major strengths and contributions in this position: ________________________________

____

May we contact this employer for a reference? ☐ Yes ☐ No

COMPANY NAME:____

Address: ______________________________City/State/Zip: ______________________

Ph: ____________________ Employment Dates: From ___________ To _____________

Position/Title: ___________________________ Supervisor: ________________________

Duties Performed: ____

Major strengths and contributions in this position: ________________________________

____

May we contact this employer for a reference? ☐ Yes ☐ No

COMPANY NAME:____

Address: ______________________________City/State/Zip: ______________________

Ph: ____________________ Employment Dates: From ___________ To _____________

Position/Title: ___________________________ Supervisor: ________________________

Duties Performed: ____

Major strengths and contributions in this position: ________________________________

____

May we contact this employer for a reference? ☐ Yes ☐ No

VOC REHAB: Open file with Voc Rehab ☐ Yes ☐ No

If yes, name of Counselor _______________ Phone # _____________

MEDICAL HISTORY

PRIMARY DISABILITY: _____

Secondary Disability: _____

Other Disabilities: _____

MOBILITY DEVICES: (check all that apply) ☐ wheelchair ☐ walker ☐ brace(s)

☐ other (please specify) _____

SEIZURES: Does applicant experience seizures? ☐ Yes ☐ No If yes, please explain: _____

_____

Describe type of seizure: _____

Length of seizure:_____ Frequency of seizure:_____

Date of seizure onset:_____ Date of most recent seizure: _____

List all past seizure medications used: _____

_____

_____

_____

Has applicant had any of the following illnesses? (check all that apply)

☐ Diabetes ☐ High blood pressure ☐ Hepatitis ☐ Tuberculosis ☐ Heart problems ☐ Stomach problems

☐ Cancer ☐ Substance/Alcohol abuse ☐ Other (please specify): _____

Has applicant had a recent hospitalization? ☐ Yes ☐ No

If yes: Name of hospital:_____ Date(s):_____

Reason for hospitalization: _____

Has applicant had any recent surgeries? ☐ Yes ☐ No

If yes: Name of hospital:_____ Date(s):_____

Reason for hospitalization: _____

Does applicant have any special dietary needs? ☐ Yes ☐ No If yes, please explain: _____

_____

List all known allergies and reactions: _____

_____

Name and address of preferred funeral home: _____

_____

Does applicant have a Living Will? ☐ Yes ☐ No (If yes, please attach a copy.)

MEDICAL HISTORY (CONTINUED)

CURRENT MEDICATIONS: (use additional sheet if necessary)

MEDICATION	DOSAGE	PURPOSE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does applicant need assistance taking medication? ☐ Yes ☐ No If yes, please explain: _____

_____

PHYSICIAN NAME: _____

Address: _____City/State/Zip: _____

Phone: _____ Date of Last Exam: _____

DENTIST NAME: _____

Address: _____City/State/Zip: _____

Phone: _____ Date of Last Exam: _____

OPTOMETRIST NAME: _____

Address: _____City/State/Zip: _____

Phone: _____ Date of Last Exam: _____

NEUROLOGIST NAME: _____

Address: _____City/State/Zip: _____

Phone: _____ Date of Last Exam: _____

PSYCHIATRIST NAME: _____

Address: _____City/State/Zip: _____

Phone: _____ Date of Last Exam: _____

MEDICAL HISTORY (CONTINUED)

COUNSELOR NAME: _____

Address: _____City/State/Zip: _____

Ph: _____ Date of Last Contact: _____

OTHER SPECIALIST'S NAME: _____

Address: _____City/State/Zip: _____

Ph: _____ Date of Last Exam: _____

(Please use additional sheet of paper if needed.)

SENSORIMOTOR ABILITIES

Does applicant wear a hearing aid? ☐ Right Ear ☐ Left Ear ☐ Both Ears ☐ None

Date of last hearing evaluation: _____

By whom? _____

Describe hearing loss: _____

Does applicant wear glasses? ☐ Yes ☐ No **Contacts?** ☐ Yes ☐ No

Describe visual impairment: _____

Describe ability to use upper extremities: _____

_____

Describe communication skills: _____

_____

Is a communication device used? ☐ Yes ☐ No If yes, explain: _____

_____

LEGAL HISTORY

Has applicant ever been convicted of a crime? ☐ Yes ☐ No If yes, when?_____

Explain: _____

Is applicant currently on probation? ☐ Yes ☐ No If yes, for what? _____

When will probation be completed? _____

Is applicant currently under court appointment? ☐ Yes ☐ No

BEHAVIOR HISTORY

Indicate the frequency of each behavior over the last 12 months:
(Frequently = several times/week; Occasionally - less than once per month)

	Daily	Frequently	Weekly	Monthly	Occasionally	None
Tantrums or outbursts						
Physically assaults others						
Disrupts others' activities						
Verbally or gesturaly abusive						
Self injuriousl						
Resists supervision						
Steals						
Destroys property						
Displays sexually inappropriate behaviors						
Runs away						
Refuses medication						

Please list medications taken in the past for behavioral concerns: _____

_____

_____

DAILY ROUTINE

Describe a typical day: _____

_____

_____

_____

_____

_____

Any non-preferred daily activities? _____

_____

_____

DAILY ROUTINE (CONTINUED)

Indicate amount of supervision required for the following:

Shaving: _____

Bathing: _____

Tooth brushing / dental care: _____

Dressing:_____

Toileting: _____

Nail care:_____

Hair care:_____

Eating: _____

Food preferences: _____

_____

Food dislikes or allergies: _____

_____

Sleep habits: _____

_____

Cleanliness and neatness: _____

_____

FUTURE GOALS

What are the applicant's goals for the future regarding where he/she wants to live and work? _____

_____

_____

_____

_____

_____

_____

_____

_____

FUTURE GOALS (CONTINUED)

What things are important to the applicant? _____

_____

_____

_____

_____

_____

_____

_____

_____

Application completed by: _____

Relationship to applicant: _____ **Phone:** _____

PLEASE RETURN COMPLETED APPLICATION TO

Jerry Postma, Director of Admissions
Village Northwest Unlimited
330 Village Circle
Sheldon, IA 51201

Email: jerryp@villagenorthwest.org
Phone: (712) 324-5403
Fax: (712) 324-4877

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APPLICATION CHECKLIST

Please include these items with the application

YES	NO	
☐	☐	_____ Copy of Guardianship, Conservator & Power of Attorney papers
☐	☐	_____ Photo ID (issued by state or school)
☐	☐	_____ Copy of Social Security card
☐	☐	_____ Copy of Birth Certificate
☐	☐	_____ List of Immunizations
☐	☐	_____ Copy of Insurance Cards (Front & Back of Medicaid, Medicare, MCO)
☐	☐	_____ Burial Agreement
☐	☐	_____ Copies of most recent Psychological report
☐	☐	_____ Photograph of applicant